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FILED
Feb 11 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 845604 (8)

1. Corporation Name
POLYTEMP CORPORATION

Principal Place of Business

300 HOSPITAL DRIVE
SUITE 233
GLEN BURNIE MD 21061

Mailing Address

300 HOSPITAL DRIVE
SUITE 233
GLEN BURNIE MD 21061-5707



2. Principal Place of Business

21 8362 Veterans Highway

Suite, Apt. #, etc.

22

City & State
23 Millersville, MD

Zip

24 21108

Country

25 USA

2a. Mailing Address

26 8362 Veterans Highway

Suite, Apt. #, etc.

27

City & State
28 Millersville, MD

Zip

29 21108

Country

30 USA

3. Date Incorporated or Qualified

03/27/1980

3a. Date of Last Report

04/08/1996

4. FEI Number

52-0983361

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

CANTOR, JERALD C
2435 HOLLYWOOD BLVD
HOLLYWOOD, FL
33020

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME VOELKER, J. THOMAS
STREET ADDRESS 300 HOSPITAL DRIVE, STE. 233
CITY-ST-ZIP GLEN BURNIE MD

TITLE VD
NAME VOGT, AMBROSE J.
STREET ADDRESS 300 HOSPITAL DRIVE, STE. 233
CITY-ST-ZIP GLEN BURNIE MD

TITLE DS
NAME ALLEN, BERNADETTE
STREET ADDRESS 300 HOSPITAL DRIVE, STE. 233
CITY-ST-ZIP GLEN BURNIE MD

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS 8362 Veterans Highway
1.4 CITY-ST-ZIP Millersville MD 21108

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS 8362 Veterans Highway
2.4 CITY-ST-ZIP Millersville MD 21108

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS 8362 Veterans Highway
3.4 CITY-ST-ZIP Millersville MD 21108

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed by an amendment with an address.

SIGNATURE:

SIGNATURE REQUIRED
J. Thomas Voelker, President

1/21/97 410-729-0200

Date

Daytime Phone

CR2E034 (9/96)