

1-11-97 B-1647 C-
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 Mailing Address
300 HOSPITAL DRIVE SUITE 233 GLEN BURNIE MD 21061
300 HOSPITAL DRIVE SUITE 233 GLEN BURNIE MD 21061-5707

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

2. Principal Place of Business 2a. Mailing Address
 21 **8362 Veterans Highway** 26 **8362 Veterans Highway**
 Suite, Apt. #, etc. Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 **Millersville, MD** 28 **Millersville, MD**
 Zip Country Zip Country
 24 **21108** 25 **USA** 29 **21108** 30 **USA**

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
 b1 Name
 b2 Street Address (P.O. Box Number is Not Acceptable)
 b3
 b4 City **FL** b5 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	VOELKER, J. THOMAS	
STREET ADDRESS	300 HOSPITAL DRIVE, STE. 233	
CITY-ST-ZIP	GLEN BURNIE MD	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	VOGT, AMBROSE J.	
STREET ADDRESS	300 HOSPITAL DRIVE, STE. 233	
CITY-ST-ZIP	GLEN BURNIE MD	
TITLE	DS	<input type="checkbox"/> DELETE
NAME	ALLEN, BERNADETTE	
STREET ADDRESS	300 HOSPITAL DRIVE, STE. 233	
CITY-ST-ZIP	GLEN BURNIE MD	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	8362 Veterans Highway
1.4 CITY-ST-ZIP	Millersville MD 21108
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	8362 Veterans Highway
2.4 CITY-ST-ZIP	Millersville MD 21108
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	8362 Veterans Highway
3.4 CITY-ST-ZIP	Millersville MD 21108
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 from an appointment with an address.

SIGNATURE:  **SIGNATURE REQUIRED** **1/21/97 410-729-0200**
 SIGNATURE AND TYPE OF OFFICER OR DIRECTOR: J. Thomas Voelker, President Date Daytime Phone #

CR2E034 (9/96)