

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Apr 01 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 # F95000002785 (2)

1. Corporation Name
INSBROK, INC.

Principal Place of Business
3830 N. 19TH AVENUE
PHOENIX AZ 85015

Mailing Address
P.O. BOX 65100
SAN ANTONIO TX 78265-5100



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

06/09/1995

3a. Date of Last Report

05/01/1996

4. FEI Number

86-0772631

Applied For

Not Applicable

6. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

8. 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

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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 type for printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MANGOLD, THOMAS E	
STREET ADDRESS	901 WILSHIRE DR., STE 550	
CITY - ST - ZIP	TROY MI 48007	
TITLE	EVD	<input checked="" type="checkbox"/> DELETE
NAME	BODAYLE, MICHAEL J	
STREET ADDRESS	1020 N.E. LOOP 410, STE 700	
CITY - ST - ZIP	SAN ANTONIO TX 78209	
TITLE	SVSD	<input type="checkbox"/> DELETE
NAME	WATSON III, MARK E	
STREET ADDRESS	1020 N.E. LOOP 410, STE 700	
CITY - ST - ZIP	SAN ANTONIO TX 78209	
TITLE	T	<input type="checkbox"/> DELETE
NAME	GRANDSTAFF, MICHAEL W	
STREET ADDRESS	901 WILSHIRE DR., STE 550	
CITY - ST - ZIP	TROY MI 48007	
TITLE	CD	<input type="checkbox"/> DELETE
NAME	WATSON JR, MARK E	
STREET ADDRESS	1020 NE LOOP 410, STE 700	
CITY - ST - ZIP	SAN ANTONIO TX 78209	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ORTH, RANDY	
STREET ADDRESS	3830 N. 19TH AVENUE	
CITY - ST - ZIP	PHOENIX AZ 85015	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
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, or on an attachment with an address.

SIGNATURE:

Mark E. Watson III

Mark E. Watson III

3/20/97

800-347-4740

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)