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Jan 27 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 # F96000000780 (4)

1. Corporation Name  
INSECTA SALES AND RESEARCH, INC.



Principal Place of Business  
3601 N.E. 5TH AVE.  
OAKLAND PARK FL 33334

Mailing Address  
3601 N.E. 5TH AVE.  
OAKLAND PARK FL 33334-2214

3. Date Incorporated or Qualified  
02/15/1996

3a. Date of Last Report

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

SHEPARD, JONATHAN L  
5355 TOWN CENTER ROAD  
BOCA RATON FL 33486

81 Name

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

83

84 City

FL

85

Zip Code

10. Name and Address of New Registered Agent

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	<del>DELETED</del>	<input type="checkbox"/> DELETE
NAME	JOHNSON, HUGH	
STREET ADDRESS	3601 N.E. 5TH AVE.	
CITY - ST - ZIP	OAKLAND PARK FL 33334	
TITLE	D	<input type="checkbox"/> DELETE
NAME	JOHNSON, HUGH	
STREET ADDRESS	3601 N.E. 5TH AVE.	
CITY - ST - ZIP	OAKLAND PARK FL 33334	
TITLE	<del>PAT QUINLAN</del>	<input type="checkbox"/> DELETE
NAME	3601 N.E. 5TH AVE.	
STREET ADDRESS	OAKLAND	
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
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	<del>DELETED</del>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	DELETED	
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	DIRECTOR/TREAS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY - ST - ZIP		
3.1 TITLE	DELETED DIRECTOR/SECY	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	PAT QUINLAN	
3.3 STREET ADDRESS	3601 N.E. 5TH AVE	
3.4 CITY - ST - ZIP	OAKLAND PARK FL 33334	
4.1 TITLE	PRES/DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	DONALD GRUMMER GRUMMER	
4.3 STREET ADDRESS	3601 N.E. 5TH AVE	
4.4 CITY - ST - ZIP	OAKLAND PARK FL 33334	
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: DONALD GRUMMER 1-15-97 (504) 757 9045

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)