PROFIT CORPORATION Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS DOCUMENT # H80776 (8) CHERRY INSULATION INCORPORATED Principal Place of Business Mailing Address 4122 E 98TH AVE TAMPA FL 33617 3. Date Incorporated or Qualified 11/09/1994 2. Principal Place of Business 4. FEI Number Applied For	SECOND AMOUNT DUE	NOTICE: CORPORATION WILL BE ON OR BEFORE 8/7/96: \$225 (IF DISS	DISSO	LVED ON OR AFTER MINIMUM AMOUNT DU	AUGUS	T 7, NST/	1996. VE: \$ 37	5.)						
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11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutos 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 approximent as registered agent, for him the State of Florida Statutes. Provided Agent Lam familiay with, and accept the objection 607 0505. Provided Statutes. SIGNATURE Signature. Portion family office or period name of registered agent and see if approache. 12. OFFICERS AND DIRECTORS. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. THILL	1740	MFA FE 33017				83							•	-
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 task registered office or registered agent, or both in the State of Florida Such change was authorized by the corporation's board of directors. I horeby accept the approximent as registered agent, and accept the objection 607 0505 Floridos Statutes. SIGNATURE Signature higher preliabilities of proportion and displaced agent are also provided agent and their approximation as registered agent and their as registered agent as registered. 12. DELETE 11111E						84	City				95	'in Cor	16.	_
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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 eath, that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

Date

To Description of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617. Florida Statutes and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPEO OR PRINTED NAME OF SIGNING OFFICER OF DIRECTOR