

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
OFFICE OF CORPORATIONS NC

1995 5-22-95

B-6836

APPROVED AND FILED
MAY 22 AM 10:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P27705 (3)

1. Corporation Name

FEDWAY ASSOCIATES, INC.

Principal Place of Business

Mailing Address

BLDGS. #56 & #44
RIVER TERMINAL DEVELOPMENT
S. KEARNY NJ 07032

PO BOX 519
KEARNY NJ 07032
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/16/1990
3a. Date of Last Report 03/29/1994

2. Principal Place of Business

2a. Mailing Address

21

26

4. FFI Number
22-0905070

Apply for
Not Applicable

State, Apt #, etc.

State, Apt #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

22

27

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

City & State

City & State

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes. Yes No

23

28

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LION WINES & SPIRITS
710 S MILITARY TRAIL
DEERFIELD BEACH FL 33442

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 607.06(2) and 607.17(1)(b), Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent or both at the State of Florida. Such change was authorized by the corporation's board of directors, thereby accept the appointment as registered agent. I am a member with and accept the obligations of Sections 607.06(2) and 607.17(1)(b), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

12.1 NAME PVT LEVENTHAL, RICHARD B. 47 ESSEX DR. TENAFLY NJ	13.1 NAME [] Change [] Addition
12.2 NAME D LEVENTHAL, RICHARD B. 47 ESSEX DR. TENAFLY NJ	13.2 NAME [] Change [] Addition
12.3 NAME AS DOKACHEV, MICHAEL 315 NUTLEY AVE. NUTLEY NJ	13.3 NAME [] Change [] Addition
12.4 NAME []	13.4 NAME [] Change [] Addition
12.5 NAME []	13.5 NAME [] Change [] Addition
12.6 NAME []	13.6 NAME [] Change [] Addition

14. I hereby certify that the information supplied with this filing is very truly and correctly stated and that I am duly qualified to sign this statement. I further certify that the information is true and correct to the best of my knowledge and belief and that the signature shall have the same legal effect as if made in person. I am a member with and accept the obligations of Sections 607.06(2) and 607.17(1)(b), Florida Statutes, and that my name appears in the block of officers and directors on an attachment with an address.

SIGNATURE:

SIGNATURE AND TITLE OF REGISTERED NAME OF SIGNER OR OFFICER OR DIRECTOR

5/11/95 (201) 624-6444

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CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathwar
Secretary of State
Tallahassee, Florida 32399-0001

APPROVED
AND
FILED

MAY 23 1995

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P27796** (2)
1. Corporation Name
CHRONIMED INC.

Principal Office of Business: 13911 RIDGEDALE DR. STE. 250 MINNETONKA MN 55343
Mailing Address: 13911 RIDGEDALE DR. STE. 250 MINNETONKA MN 55343

(PRINT WITHIN THIS SPACE)

3. Date of Incorporation (or assumed)	3a. Date of Last Report
01/22/1990	04/22/1994
4. FIC Number	Applied For / Not Applicable
41-1515691	
5. Certificate of Status (Desired)	\$8.75 Additional Fee Required
<input type="checkbox"/>	
6. Electron Campaign Financing / Feed Fund Contributions	\$5.00 May Be Added to Fees
<input type="checkbox"/>	
8. This corporation has failed, for purposes of section 5-119(1)(b) Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

2. Principal Office of Business	2a. Mailing Address
21. State App # 101	26. State App # 101
22. City, State	27. City, State
23. County	28. County
24. Zip	29. Zip
25. Zip	30. Zip

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
O'BRIEN, JUDY 1200 EAST HILLCREST ST STE 101 ORLANDO FL 32803	81. Name: O'Brien, Judy 82. Street Address: 1200 East Hillcrest St 83. City, State, Zip: Orlando, FL 32803 84. Phone: 407-241-1111 85. Zip Code: FL 32803

11. Pursuant to the payment of the fee to the Secretary of State for this filing, the undersigned, responsible, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. The undersigned certifies that the corporation is not in default of any law, statute, or rule of the State of Florida, and that the appointment of a registered agent, both before and after such filing, complies with the law of the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS	13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS															
<table border="1"> <tr> <td>NAME</td> <td>PD TAYLOR, MAURICE R. 2955 MAPLEWOOD RD. WAYZATA MN</td> <td> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Remove </td> </tr> <tr> <td>NAME</td> <td>V LACH, MARY RT. 5 BOX 5 BUFFALO MN</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove </td> </tr> <tr> <td>NAME</td> <td>SD BULLION, JOHN H. 6016 SHANE DR. EDINA MN</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove </td> </tr> <tr> <td>NAME</td> <td>D ADAMS, WILLIAM 1111 ISABELLA CORONADA CA</td> <td> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove </td> </tr> <tr> <td>NAME</td> <td>D ETWZILER, DONNELL 5000 W. 39TH STREET MINNEAPLOIS MN</td> <td> <input type="checkbox"/> Change <input type="checkbox"/> Add/Remove </td> </tr> </table>	NAME	PD TAYLOR, MAURICE R. 2955 MAPLEWOOD RD. WAYZATA MN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Remove	NAME	V LACH, MARY RT. 5 BOX 5 BUFFALO MN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove	NAME	SD BULLION, JOHN H. 6016 SHANE DR. EDINA MN	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	NAME	D ADAMS, WILLIAM 1111 ISABELLA CORONADA CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove	NAME	D ETWZILER, DONNELL 5000 W. 39TH STREET MINNEAPLOIS MN	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove	<p>Senior Vice President Cocke, Norman A. 401 Buckaway Rd Wayzata, MN 55391 zip - 55391</p> <p>Director Owens, Charles 2625 Greenleaf Boulevard Elkhart, IN 46514</p>
NAME	PD TAYLOR, MAURICE R. 2955 MAPLEWOOD RD. WAYZATA MN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Add/Remove														
NAME	V LACH, MARY RT. 5 BOX 5 BUFFALO MN	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove														
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NAME	D ADAMS, WILLIAM 1111 ISABELLA CORONADA CA	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Add/Remove														
NAME	D ETWZILER, DONNELL 5000 W. 39TH STREET MINNEAPLOIS MN	<input type="checkbox"/> Change <input type="checkbox"/> Add/Remove														

14. I, the undersigned, certify that the information requested on this filing is true and correct, and that the corporation is not in default of any law, statute, or rule of the State of Florida, and that the appointment of a registered agent, both before and after such filing, complies with the law of the State of Florida.

SIGNATURE: *Domen A. Coebe* s/c/s
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

MAY 22 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P28366** (3)

1. Corporation Name
INSULATION TECHNOLOGY, INC. A MASSACHUSETTS CORPORATION

Principal Place of Business: **35 FIRST ST. P. O. BOX 578 BRIDGEWATER MA 02324**
Mailing Address: **35 FIRST ST. P. O. BOX 578 BRIDGEWATER MA 02324**

PLEASE WRITE IN THIS SPACE

3. Date of Incorporation/Qualification 03/05/1990	3a. Date of Last Report 04/25/1994
4. FIC Number 04-2611969	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Issued <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Director Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under the Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 21. State and # of 22	2a. Mailing Address 26. State and # of 27
23. City, State and # of	28. City, State and # of
24. Name and Address of Current Registered Agent 25	29. Name and Address of New Registered Agent 30

9. Name and Address of Current Registered Agent
**SHEAR, L. DAVID
201 E. KENNEDY BLVD.
STE. 1000
TAMPA FL 33601**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (Do Not Number a Not Acceptable)
83.
84. City
FL 85. Zip Code

11. Pursuant to the provisions of Sections 601.01, 601.02, and 601.03, Florida Statutes, the above-named corporation submits the 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, or by a duly accepted appointment of registered agent, similar to, and in accord with the provisions of Section 601.01, Florida Statutes.

SIGNATURE: _____
Signature of Registered Agent (Print Name and Title) _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL QUALIFIED OFFICERS AND DIRECTORS	
NAME PTD ANDERSON, ROBERT W.	ADDRESS 2670 W BAY ISLE DR SE ST. PETERSBURG FL	NAME	ADDRESS 33705
NAME SD ANDERSON, MARCIA J.	ADDRESS 600 CENTER ST. PEMBROKE MA	NAME	ADDRESS 02359
NAME D HAROLD, BENJAMIN E.	ADDRESS 26 ALVERN ROAD BRYANVILLE MA	NAME	ADDRESS 02327
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS
NAME	ADDRESS	NAME	ADDRESS

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I am not qualified for this corporation stated in law by Florida Statutes. I further certify that the information furnished on the annual report is a true and correct statement of the corporation's financial condition and that my signature shall have the same legal effect as if made truthfully. This filing is effective as of the date of filing of this report unless the corporation has previously been qualified by Chapter 601, Florida Statutes, and that my name appears in Block 12 or 13 of this report as an officer or director of the corporation.

SIGNATURE: *Marcia J. Anderson*
SIGNATURE AND TYPE OR PRINTED NAME OF DIRECTOR OR OFFICER
MARCIA J. ANDERSON
5/18/95 508-697-6986

NOTE: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Jeffrey B. Martinez
Secretary of State
1995-1999

APPROVED
AND
FILED

MAY 10 1995

OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P29857** (0)

1. Corporation Name
AUSTIN ENTERPRISES, INC.

2. Name and Address of Principal Office: **9730 HARRISON ROMULUS MI 48174**
3. Name and Address of Mailing Office: **9730 HARRISON ROMULUS MI 48174**

DO NOT WRITE IN THIS SPACE

3. Date Report Submitted to Registrar: **06/20/1990**
3a. Date of Last Report: **10/05/1994**
4. FEI Number: **31-1300896**
Applied Fee: Not Applicable
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing: **\$5.00 May Be Added to Fees**
7. This Corporation has applied for intangible tax under S. 194.032, Florida Statutes: Yes No

2. Home Office of the Corporation:
21. Street Address: **25299 Brest Road**
22. City & State: **Taylor, MI**
23. Zip Code:
24. **48186** 25. **Wayne** 26. **25299 Brest Road** 27. **Taylor, MI** 28. **48186** 29. **Wayne** 30. **Wayne**

9. Name and Address of Current Registered Agent:
**FINK, WILLIAM
16591 ROYAL POINCIANA CT. T
FT. LAUDERDALE FL 33326**
10. Name and Address of New Registered Agent:
B1 Name:
B2 Street Address (if C-Box Number is Not Applicable):
B3 City:
B4 State: **FL** B5 Zip Code:

11. I, the undersigned, being a resident of the State of Florida, do hereby certify that the above named corporation submits this statement for the purpose of changing its registered office of principal office or both of the state of Florida as a change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with and understand the provisions of the Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PD SZENAS, ALEX 9730 HARRISON ROMULUS MI	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	SD MCCLOE, ANN 9730 HARRISON ROMULUS MI	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	VD MCCLOE, GARRY 9730 HARRISON ROMULUS MI	NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		NAME	<input type="checkbox"/> Change <input type="checkbox"/> Add

14. I do hereby certify that the information required with this filing is voluntarily furnished and true and valid for the corporation stated in the Florida Statutes. I further certify that the corporation is in good standing and that the corporation shall have the same legal effect as if the same were filed with the Secretary of State. I am familiar with and understand the provisions of the Florida Statutes and that my name appears on this report as the registered agent.

SIGNATURE: *Ann Marie McCloe, Secretary 5-15-95 (313) 946-5289*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR