

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000095001 (0)

1. Corporation Name

INSULATORS PLUS, INC.



Principal Place of Business

1209 S SWINTON AVE
DELRAY BEACH FL 33483

Mailing Address

1209 S SWINTON AVE
DELRAY BEACH FL 33483

3. Date Incorporated or Qualified
12/08/1995

3a. Date of Last Report

2. Principal Place of Business

21 2986 GENOVA WAY
Suite, Apt. #, etc.

2a. Mailing Address

26 2986 GENOVA WAY
Suite, Apt. #, etc.

4. FEI Number
65-0634233

Applied For
Not Applicable

22 City & State

23 DELRAY Bch, FL

27 City & State

28 DELRAY Bch, FL

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

24 Zip

33445

25 Country

FLM Bch

29 Zip

33445

30 Country

FLM Bch

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

9. Name and Address of Current Registered Agent

SCHONE, LARRY
50 SE FOURTH AVE
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

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 typed or printed name of registered agent or authorized officer

Signature typed or printed name of registered agent or authorized officer

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME RUE, ROBERT E
STREET ADDRESS %1209 S SWINTON AVE
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ DELETE

TITLE STD
NAME RUE, JUNE A
STREET ADDRESS %1209 S SWINTON AVE
CITY-ST-ZIP DELRAY BEACH FL 33483

☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report is 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JUNE RUE

7-24-96 (407) 495-6559

CR2E034 (12/95)