

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

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Feb 25 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 # P95000095001 (0)

1. Corporation Name
INSULATORS PLUS, INC.



Principal Place of Business

2986 GENOA WAY
DELRAY BEACH FL 33445
US

Mailing Address

2986 GENOA WAY
DELRAY BEACH FL 33445-7135
US

3. Date Incorporated or Qualified 12/08/1995
3a. Date of Last Report 08/08/1996

4. FEI Number 65-0634233
Applied For Not Applicable

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. 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

2. Principal Place of Business
21 1599 S.W. 30th Ave
Suite, Apt #, etc.

22 #14
City & State

23 Boynton Bch, FL
Zip 33426 Country Palm Bch

2a. Mailing Address
25 P.O. Box 6424
Suite, Apt #, etc.

27
City & State

28 DELRAY BEACH, FL
Zip 33482-6424 Country Palm Bch

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 June Rue
82 Street Address (P.O. Box Number is Not Acceptable) 1599 S.W. 30th Ave #14
83
84 City Boynton Beach, FL 85 Zip Code 33426

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 *June Rue* *June Rue* 2-19-97
Signature typed or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	RUE, ROBERT E	
STREET ADDRESS	%1209 S SWINTON AVE	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
TITLE	STD	<input checked="" type="checkbox"/> DELETE
NAME	RUE, JUNE A	
STREET ADDRESS	%1209 S SWINTON AVE	
CITY - ST - ZIP	DELRAY BEACH FL 33483	
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	PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	JOHN D. GRAVES	
1.3 STREET ADDRESS	1599 SW 30th AVE #14	
1.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
2.1 TITLE	VICE PRESIDENT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	ROBERT E RUE	
2.3 STREET ADDRESS	1599 SW 30th AVE #14	
2.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
3.1 TITLE	SECRETARY, TREASURER	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	JUNE RUE	
3.3 STREET ADDRESS	1599 SW 30th AVE #14	
3.4 CITY - ST - ZIP	BOYNTON BEACH, FL 33426	
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-19-97 (561) 369-3232

CR2E034 (9/96)