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PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **S94034** **(3)**

1. Corporation Name
FLORIDA INSULATED STRUCTURES, INC.

Principal Place of Business	Mailing Address
4350 W. SUNRISE BLVD SUITE 101D PLANTATION FL 33313-6709	4350 W. SUNRISE BLVD SUITE 101D PLANTATION FL 33313-6775

3. Date Incorporated or Qualified: 11/13/1991
3a. Date of Last Report: 05/01/1996

2. Principal Place of Business
21: 1802-102 N. UNIVERSITY DR
22 Suite, Apt. #, etc.: #265
23 City & State: PLANTATION, FL
24 Zip: 33322
25 Country: USA

2a. Mailing Address
26: 1802-102 N. UNIVERSITY DR
27 Suite, Apt. #, etc.: #265
28 City & State: PLANTATION, FL
29 Zip: 33322
30 Country: USA

4. FEI Number: 65-0314162 ☐ 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

9. Name and Address of Current Registered Agent
PERLSTEIN, PAUL H
4350 W. SUNRISE BLVD
SUITE 101D
PLANTATION FL 33313-6709

10. Name and Address of New Registered Agent
81 Name: PAUL H. PERLSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 1802-102 N. UNIVERSITY DR #265
83
84 City: PLANTATION FL 85 Zip Code: 33322

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: PAUL H. PERLSTEIN V.P. Paul H. Perlstein 4/20/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD PERLSTEIN, BENJAMIN ~~4350 W. SUNRISE BLVD #101D~~ PLANTATION FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition 1802-102 N. UNIVERSITY DRIVE #265 PLANTATION, FL 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TVD PERLSTEIN, PAUL H ~~4350 W. SUNRISE BLVD #101D~~ PLANTATION FL	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 1802-102 N. UNIVERSITY DRIVE #265 PLANTATION, FL 33322
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (9/96)

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: Paul H. Perlstein V.P. 4/20/97