

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 # **337724** (9)
1. Corporation Name
PEERLESS INSTRUMENT CO., INC.



Principal Place of Business: 500 S.E. 32ND COURT FT. LAUDERDALE FL 33316
Mailing Address: 500 S.E. 32ND COURT FT. LAUDERDALE FL 33316

3. Date Incorporated or Qualified: 11/15/1968
3a. Date of Last Report: 02/09/1995
4. FEI Number: 11-2206206
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 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent
**BRADY, ROBERT T
271 NW 42ND AVE
COCONUT CREEK FL 33066**

10. Name and Address of New Registered Agent
81 Name: 82 Street Address (P.O. Box Number is Not Acceptable): 83 City: 84 State: 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: _____ DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, CHARLES	
STREET ADDRESS	120 HIGHWOOD CIR	
CITY-ST-ZIP	OYSTER BAY COVE NY	
TITLE	SD	<input checked="" type="checkbox"/> DELETE
NAME	MEYER, RUTH	
STREET ADDRESS	120 HIGHWOOD CIR	
CITY-ST-ZIP	OYSTER BAY COVE NY	
TITLE	PD	<input type="checkbox"/> DELETE
NAME	BRADY, ROBERT T	
STREET ADDRESS	271 NW 42ND AVE	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	OGRODOWSKI, RICHARD	
STREET ADDRESS	4480 NW 2ND COURT	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LIPPIELLO, DANIEL	
STREET ADDRESS	4111 CORAL TREE CIRCLE #324	
CITY-ST-ZIP	COCONUT CREEK FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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 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 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: *Robert Brady* ROBERT BRADY April 19, 1996
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Phone 954-761-1202

CR2E034 (12/95)