

**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 # **814236** (6)

1. Corporation Name  
**TIF INSTRUMENTS, INC.**



Principal Place of Business: **9101 N W 7TH AVENUE MIAMI FL 33150**  
Mailing Address: **9101 N W 7TH AVENUE MIAMI FL 33150**

21	2. Principal Place of Business	26	2a. Mailing Address
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.
23	City & State	28	City & State
24	Zip	29	Zip
25	Country	30	Country

3. Date Incorporated or Qualified	3a. Date of Last Report
<b>02/22/1960</b>	<b>04/27/1995</b>
4. FEI Number	Applied For
<b>59-0966790</b>	Not Applicable
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

**GERARD, THOMAS H**  
**9101 N W 7TH AVE**  
**MIAMI FL 33150**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
84	State
85	Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, HARRY B</b>	2. NAME	
STREET ADDRESS	<b>9101 N W 7TH AVE</b>	3. STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI, FL 00000</b>	4. CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>PD</b> <input type="checkbox"/> DELETE	2. TITLE	
NAME	<b>GERARD, THOMAS H</b>	2.2 NAME	
STREET ADDRESS	<b>9101 N W 7TH AVE</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI, FL 00000</b>	2.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>S</b> <input type="checkbox"/> DELETE	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERARD, JAMES L (ASST)</b>	3.2 NAME	
STREET ADDRESS	<b>9101 N W 7TH AVE</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI, FL 00000</b>	3.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>V</b> <input type="checkbox"/> DELETE	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GERARD, ELLIOT</b>	4.2 NAME	
STREET ADDRESS	<b>9101 N W 7TH AVE</b>	4.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI, FL 00000</b>	4.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LIEBERMANN, LEONARD</b>	5.2 NAME	
STREET ADDRESS	<b>9101 N W 7TH AVE</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>MIAMI, FL 00000</b>	5.4 CITY- ST- ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	<input type="checkbox"/> DELETE	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		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: *[Signature]* DATE: **4/1/96** TELEPHONE: **305-757-8811**

CP2E034 (12/95)