

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 MAR 30 AM 8:47

DOCUMENT # **J35778** (6)

1. Corporation Name  
**INSTRUMENT SPECIALTIES, INC.**

Principal Place of Business Mailing Address  
**400 COMMERCE WAY #100** **400 COMMERCE WAY**  
**P.O. BOX 626906** **SUITE 100**  
**LONGWOOD FL 32750** **LONGWOOD FL 32750**  
**US** **US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/29/1986** 3a. Date of Last Report **04/26/1994**

4. FEI Number **59-2751809** 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. The corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21 **400 Commerce Way** 26 Suite, Apt. #, etc

22 **100** 27 Suite, Apt. #, etc

23 **Longwood FL** 28 City & State

24 **32750** 25 **USA** 29 Zip Country 30 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**KANE, GERALD**  
**107 SUNSET DR**  
**LONGWOOD FL 32750**

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 of the registered agent or the corporation

Signature of the registered agent or the corporation

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **PD**  
NAME **KANE, GERALD**  
STREET ADDRESS **107 SUNSET DR**  
CITY ST ZIP **LONGWOOD FL**

11 TITLE  Change  Addition  
12 NAME **V SHAWN KANE**  
13 STREET ADDRESS **315 S NORTHLAKE BLVD #2135**  
14 CITY ST ZIP **ALTAMONTE SPRINGS, FL. 32701**

TITLE **S**  
NAME **KANE, LYNDA**  
STREET ADDRESS **107 SUNSET DR**  
CITY ST ZIP **LONGWOOD FL**

21 TITLE **ST**  Change  Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

31 TITLE  Change  Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

41 TITLE  Change  Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

51 TITLE  Change  Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY ST ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY ST ZIP

61 TITLE  Change  Addition  
62 NAME  
63 STREET ADDRESS  
64 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 110.07(3)(b), Florida Statutes. I further certify that the information included 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report, or as an attachment with an address.

SIGNATURE: **LYNDA KANE**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-27-95 407-260-2102  
DATE Capital Stock