

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAR 23 AM 10: 53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P25145** (4)
1. Corporation Name
CHASE INSTRUMENTS CORP.

Principal Place of Business Mailing Address
6760 JIMMY CARTER BLV. NORCROSS, GA 30071 6760 JIMMY CARTER BLV. NORCROSS, GA 30071
SUITE 125 P O BOX 2027
NORCROSS GA 30091-9027 NORCROSS GA 30091-2027
US US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 07/11/1989 3a. Date of Last Report 03/25/1994

4. FEI Number 11-1983879 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 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 24 Country 25 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MUNZER, I. WALTER
11637 PRIVADO WAY
BOYNTON BEACH FL 33437

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	MUNZER, ROBERT A.
STREET ADDRESS	80 MT CREEK TRACE
CITY - ST - ZIP	ATLANTA GA
TITLE	VD
NAME	SIRKUS, ROBERT
STREET ADDRESS	120 GROGAN'S LAKE DR
CITY - ST - ZIP	ATLANTA GA
TITLE	SD
NAME	MUNZER, PEARL F.
STREET ADDRESS	11637 PRIVADO WAY
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	TD
NAME	MUNZER, I. WALTER
STREET ADDRESS	11637 PRIVADO WAY
CITY - ST - ZIP	BOYNTON BEACH FL
TITLE	AS
NAME	SIRKUS, ADRIENE M.
STREET ADDRESS	6760 JIMMY CARTER BLVD
CITY - ST - ZIP	NORCROSS GA
TITLE	
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 110.07(3)(k), 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 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 Sirkus ROBERT SIRKUS 3/17/95 (404) 729-7400
SIGNATURE AND TYPED OR PRINTED NAME OF BOTH OFFICER OR DIRECTOR Date District File #