

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P25145** (4)

1. Corporation Name
CHASE INSTRUMENTS CORP.



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

3. Date Incorporated or Qualified: **07/11/1989**
3a. Date of Last Report: **03/23/1995**
4. FEI Number: **11-1983879**
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. Country
2a. Mailing Address
26. Suite, Apt. #, etc.
27. City & State
28. Zip
29. Country
30. Country

9. Name and Address of Current Registered Agent
**MUNZER, I. WALTER
11637 PRIVADO WAY
BOYNTON BEACH FL 33437**

10. Name and Address of New Registered Agent
81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City
85. Zip Code: **FL**

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: _____ (NOTE: Registered Agent's signature is required when first filing) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MUNZER, ROBERT A.	
STREET ADDRESS	80 MT CREEK TRACE	
CITY - ST - ZIP	ATLANTA GA	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	SIRKUS, ROBERT	
STREET ADDRESS	120 GROGAN'S LAKE DR	
CITY - ST - ZIP	ATLANTA GA	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	MUNZER, PEARL F.	
STREET ADDRESS	11637 PRIVADO WAY	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	MUNZER, I. WALTER	
STREET ADDRESS	11637 PRIVADO WAY	
CITY - ST - ZIP	BOYNTON BEACH FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	SIRKUS, ADRIENE M.	
STREET ADDRESS	6760 JIMMY CARTER BLVD	
CITY - ST - ZIP	NORCROSS GA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. NAME	
13. STREET ADDRESS	
14. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
21. TITLE	
22. NAME	
23. STREET ADDRESS	
24. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
31. TITLE	
32. NAME	
33. STREET ADDRESS	
34. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
41. TITLE	
42. NAME	
43. STREET ADDRESS	
44. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
51. TITLE	
52. NAME	
53. STREET ADDRESS	
54. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
61. TITLE	
62. NAME	
63. STREET ADDRESS	
64. CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 Sirkus* **ROBERT SIRKUS**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

770-729-7400

CR2E034 (12/95)