

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Mar 27 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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: **03/28/1996**

21. Same As # etc.	26. Suite Apt. #, etc.	4. FEI Number: <b>11-1983879</b>	Applied For: <input type="checkbox"/> Not Applicable
22. City & State	27. City & State	6. Certificate of Status Desired: <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
24. Country	29. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**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 **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: \_\_\_\_\_ (NOTE: Registered Agent's signature required when re-appointing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: <b>PD</b>	<input type="checkbox"/> DELETE	1.1 TITLE: <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MUNZER, ROBERT A.</b>		1.2 NAME:	
STREET ADDRESS: <b>80 MT CREEK TRACE</b>		1.3 STREET ADDRESS: <b>2225 BREAKWATER DR</b>	
CITY-ST-ZIP: <b>ATLANTA GA</b>		1.4 CITY-ST-ZIP: <b>KNOXVILLE TN 37922</b>	
TITLE: <b>VD</b>	<input type="checkbox"/> DELETE	2.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>SIRKUS, ROBERT</b>		2.2 NAME:	
STREET ADDRESS: <b>120 GROGAN'S LAKE DR</b>		2.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>ATLANTA GA</b>		2.4 CITY-ST-ZIP:	
TITLE: <b>SD</b>	<input type="checkbox"/> DELETE	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MUNZER, PEARL F.</b>		3.2 NAME:	
STREET ADDRESS: <b>11637 PRIVADO WAY</b>		3.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>BOYNTON BEACH FL</b>		3.4 CITY-ST-ZIP:	
TITLE: <b>TD</b>	<input type="checkbox"/> DELETE	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>MUNZER, I. WALTER</b>		4.2 NAME:	
STREET ADDRESS: <b>11637 PRIVADO WAY</b>		4.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>BOYNTON BEACH FL</b>		4.4 CITY-ST-ZIP:	
TITLE: <b>AS</b>	<input type="checkbox"/> DELETE	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME: <b>SIRKUS, ADRIENE M.</b>		5.2 NAME:	
STREET ADDRESS: <b>6760 JIMMY CARTER BLVD</b>		5.3 STREET ADDRESS:	
CITY-ST-ZIP: <b>NORCROSS GA</b>		5.4 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6.1 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 does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information contained 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 Book 12 or Book 13 if changed, or on an attachment with an address.

SIGNATURE: *Robert Sirkus* **ROBERT SIRKUS** 3/10/97 770-729-7400  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)