
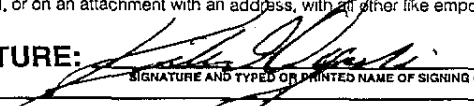


**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Jul 07, 2004 08:00 AM**  
**Secretary of State**

<b>DOCUMENT # 337724</b> 1. Entity Name PEERLESS INSTRUMENT CO., INC.		
Principal Place of Business 2030 COLLIDGE STREET HOLLYWOOD, FL 33020	Mailing Address 2030 COLLIDGE STREET HOLLYWOOD, FL 33020	
<b>DO NOT WRITE IN THIS SPACE</b>		
6. Name and Address of Current Registered Agent  BRADY, ROBERT T 4151 NW 10TH STREET COCONUT CREEK, FL 33066		<b>DO NOT WRITE IN THIS SPACE</b>
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.  SIGNATURE _____ <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small>		
<b>FILE NOW!!! FEE IS \$150.00 Due by September 8, 2004</b>		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees  In accordance with s. 607.193(2)(b), F.S., the corporation did not receive the prior notice.
10. OFFICERS AND DIRECTORS		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD BRADY, ROBERT T 271 NW 42ND AVE COCONUT CREEK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP OGRODOWSKI, RICHARD 23334 WATER CIRCLE BOCA RATON, FL 33486	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP LIPPIELLO, DANIEL 4111 CORAL TREE CIRCLE #324 COCONUT CREEK, FL	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
TITLE NAME STREET ADDRESS CITY-ST-ZIP		
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.		
SIGNATURE:  <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>		Date <u>7-20-04</u> Daytime Phone # <u>954-971-6006</u>



07012004 No Chg-P CR2E034 (10/03)

4. FEI Number 11-2206206	Applied For Not Applicable
-----------------------------	-------------------------------

5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
---	-----------------------------------

000000164021  
07/07/04-80028-006 150.00

**DO NOT WRITE  
IN THIS SPACE**