

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

FILED  
Apr 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **316186** (6)  
1. Corporation Name  
**GB INSTRUMENTS INC.**



Principal Place of Business <b>2090 COOLIDGE ST HOLLYWOOD FL 33020-2428</b>	Mailing Address <b>2090 COOLIDGE ST HOLLYWOOD FL 33020-2428</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/27/1967</b>	3a. Date of Last Report <b>01/30/1996</b>
21 Suite, Apt. #, etc.	26	27 Suite, Apt. #, etc.	28	4. FEI Number <b>59-1166350</b>	Applied For Not Applicable
22 City & State	27	27 City & State	28	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23 Zip	28	28 Zip	29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24 Country	25	29 Country	30	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 <b>ROCHMAN, MAURICE 9561 NW 13TH ST PLANTATION FL 33322</b>		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	

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSV <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>BALDATTI, SUSANA</b>	1.2 NAME	<b>GROSS, JOSEPH</b>
STREET ADDRESS	<b>10590 NW 18TH COURT</b>	1.3 STREET ADDRESS	<b>1065 S. ROGERS CIRCLE</b>
CITY- ST- ZIP	<b>PLANTATION FL</b>	1.4 CITY- ST- ZIP	<b>BOCA RATON, FL 33487</b>
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRAVES, G BARRY</b>	2.2 NAME	
STREET ADDRESS	<b>5184 DAVANTRY DR</b>	2.3 STREET ADDRESS	
CITY- ST- ZIP	<b>DUNWOODY GA</b>	2.4 CITY- ST- ZIP	
TITLE	PC <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ROCHMAN, MAURICE</b>	3.2 NAME	
STREET ADDRESS	<b>9561 NW 13TH ST.</b>	3.3 STREET ADDRESS	
CITY- ST- ZIP	<b>PLANTATION FL</b>	3.4 CITY- ST- ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WEINER, LAWRENCE</b>	4.2 NAME	<b>WIENER, LAWRENCE</b>
STREET ADDRESS	<b>1506 NE 182 ST</b>	4.3 STREET ADDRESS	<b>3939 HOLLYWOOD BLVD. SUITE 1A</b>
CITY- ST- ZIP	<b>N MIAMI BEACH FL</b>	4.4 CITY- ST- ZIP	<b>HOLLYWOOD, FL 33021</b>
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GORDON, STEPHEN</b>	5.2 NAME	
STREET ADDRESS	<b>82 RACKING HORSE LANE</b>	5.3 STREET ADDRESS	
CITY- ST- ZIP	<b>FLETCHER NC</b>	5.4 CITY- ST- ZIP	
TITLE	V <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WOLKENFELD, MARK</b>	6.2 NAME	
STREET ADDRESS	<b>17635 NE 8TH CT</b>	6.3 STREET ADDRESS	
CITY- ST- ZIP	<b>N MIAMI BEACH FL</b>	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 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: Susana Baldatti **SUSANA BALDATTI, VP** 03/28/97 954/920-0225  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)