

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

FILED
Mar 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **316186** (6)

1. Corporation Name
GB INSTRUMENTS INC.

Principal Place of Business
**2030 COOLIDGE ST
HOLLYWOOD FL 33020-2428**

Mailing Address
**2030 COOLIDGE ST
HOLLYWOOD FL 33020-2428**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/27/1967	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 59-1166350		Applied For <input type="checkbox"/> Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country	29 Country	30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent ROCHMAN, MAURICE 9561 NW 13TH ST PLANTATION FL 33322				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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TSV	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BALDATTI, SUSANA	1.2 NAME	
STREET ADDRESS	10590 NW 18TH COURT	1.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GRAVES, G BARRY	2.2 NAME	
STREET ADDRESS	5184 DAVANTRY DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNWOODY GA	2.4 CITY-ST-ZIP	
TITLE	PC	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROCHMAN, MAURICE	3.2 NAME	
STREET ADDRESS	9561 NW 13TH ST.	3.3 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WIENER, LAWRENCE	4.2 NAME	
STREET ADDRESS	3939 HOLLYWOOD BLVD SUITE 1A	4.3 STREET ADDRESS	
CITY-ST-ZIP	JOLLYWOOD FL	4.4 CITY-ST-ZIP	
TITLE	D	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GORDON, STEPHEN	5.2 NAME	
STREET ADDRESS	62 RACKING HORSE LANE	5.3 STREET ADDRESS	
CITY-ST-ZIP	FLETCHER NC	5.4 CITY-ST-ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WOLKENFELD, MARK	6.2 NAME	
STREET ADDRESS	17635 NE 8TH CT	6.3 STREET ADDRESS	
CITY-ST-ZIP	N MIAMI BEACH FL	6.4 CITY-ST-ZIP	

14. I 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: *MAURICE ROCHMAN* **MAURICE ROCHMAN, President 03-13-98 954-920-0225**

CR2E034 (1097)