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

CORPORATION ANNUAL REPORT



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

	1	9	9	t

1. Corporation Name

DOCUMENT #

(9)

DETECTION	<b>INSTRUMENTS</b>	1110
DETECTION	INO I DUMENTO	INC

Principal Place of Business	Maling Address	
18633 SW 105 AVE	18633 SW 105 AVE	



Principal Place of Business Mailing Address			- 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1		
18633 SW 105 AVE MIAMI FL 33157		18633 SW 105 AV MIAMI FL 33157	/E		
				3. Date Incorporated or Qualified 04/09/1968	3a. Date of Last Report 01/19/1995
2. Principal Place of Busin	105S	2a. Maling Address		4. FEI Number 59-2069516	Applied For Not Applicab
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		Cry & State	V. 1	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip •	Country 25	Ζιρ. <b>29</b>	Country 30	8. This corporation has liability for Florida Statutes Yes	
9. Name	and Address of Currer	nt Registered Agent	81 Nam	10. Name and Address of New F	Registered Agent
HARRIS, GEORGE	: <u>A</u>				
	ST 105TH AVENUE		82 Stree	t Address (P.O. Box Number is Not Acceptat	ilo)
MIAMI FL 33157			83		
			84 City		<b>85</b> Zip Code
				corporation submits this statement for the pu	
IGNATURE SEPTIMENT OF TRANSPORT	of protest name of a grown age of OFHICERS AN		thr TE Registrated April Signature  13.	rapilitativi en reinstatus ADDITIONS/OHANGES TO OFF	(IATE
PVTS		DELETE	1 1 TILE		Change Addition
	S, GEORGE A.		1.2 NAME		
	SW 105 AVE		1.3 STREET ADDRESS		
[+-\$1-2i6 <b>MIAMI</b> ]	<u>rt</u>	DECETE	2 * TITLE		F1 Av
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ef .		Deterit	3 171516		Change Additio
ME REET ADDRESS			3.2 NAME		
TY 51-70P			3.3 STHEET ADDRESS		
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ME			4.2 NAME		
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16		DELETE	4.4 CITY - ST - ZIF		
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efolt Afgorens			5.2 NAME 5.3 STREET ADDRESS		
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N-			6.2 NAME		
FEET ACORESS			6.3 STREET ADORESS		
1r S1-7-			€ 4 C(TY - ST - 7)P		

To 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 supplicmental annual report is true and accurate and that my signature shall have the same legal effect as if made under outh 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 chapped, or on an attachable with an address

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER DR DIRECTOR DAY OF DAY ON THE PROPERTY OF TH