SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.

CITY-ST-ZIP

appears in Block 12 or Block 1

FILED AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.) PROFIT Aug 04 1997 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 **DIVISION OF CORPORATIONS** DOCUMENT # 492542 (6)INSTRUMENT ASSOCIATES, INC. Principal Place of Business Mailing Address 390 CORPORATE WAY 390 CORPORATE WAY LONGWOOD FL 32750 LONGWOOD FL 32750 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 3a. Date of Last Report <u>01/01/1976</u> 03/18/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 13891 Jetport Loop Sulte, Apt. #, etc. Not Applicable 59-1635835 13891 Jetport Loop Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required Suite 19 City & State 22 Suite 19 City & State 6. Election Campaign Financing \$5.00 May Be Fort Myers, 23 Trust Fund Contribution 28 Fort Myers. Added to Fees Country Country Zip Zip 8. This corporation owes or has paid the current year Intangible ☐ Yes 24 33913 ☐ No 25 Personal Property Tax due June 30. USA 33913 30 H3A 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BRUST, BRUCE 13891 JETPORT LOOP S -19 82 Street Address (P.O. Box Number is Not Acceptable) FT. MYERS FL 33913 83 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 Signalure, typed or printed name of registered agent and title if applicable (NOTE. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition PD 1.1 TITLE TITLE HARRIS, JAMES M. NAME 1.2 NAME 1103 N HWY 427 STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL 1.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition TITLE SD 2.1 TITLE BRUST, BRUCE NAME 2.2 NAME 13891 JETPORT LOOP S-19 STREET ADDRESS 2.3 STREET ADDRESS FT. MYERS FL 33913 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition 31 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 34. CITY-ST-ZIP CITY-ST-ZIP Change Addition DELEVE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-7IP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 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 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 of trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

7-21-97

achment with an address. 🏈