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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(6)

INSTRUMENT ASSOCIATES, INC.

FILED Apr 22 1998 8:00am Secretary of State

Principal Place of Business Mailing Address				·····	-	
	13891 JETPORT LP 13891 JETPORT LP					
8TE 19 STE 19 FT MYERS FL 33913 FT MYERS FL 33913 STE 19 STE 19						DO NOT WRITE IN THIS SPACE
US US						3. Date Incorporated or Qualified
						01/01/1976
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26 Suite, Apt. #, etc. Suite, Apt. #, etc.				·· ···································		59-1635835 Not Applicable \$8.75 Additional
22 27						5. Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23	28		1	Country		Trust Fund Contribution Added to Fees
Zip				ntry		B. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No No
24 25 29 30 30 9. Name and Address of Current Registered Agent				Personal Property Tax due June 30. 25 Yes 1 No 10. Name and Address of New Registered Agent		
BRUST, BRUCE				81	Name	
13891 JETPORT LOOP S -19 FT. MYERS FL 33913			}	82	Street Addres	ss (P.O. Box Number is Not Acceptable)
				83		
1			İ	84	City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the abo					named corpo	vation submits this statement for the nurpose 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 agonit and title if applicable (NOTE: F				gistered Agent signature required when r		
12.	\$0	DELETE	13. 1.1 IU	II F		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	BRUST, BRUCE		1.2 NA			
STREET ADDRESS	*****		1.3 STREET ADDRESS		ADDRESS	
CITY-ST-ZIP			1.4 CI	1.4 CITY-ST-ZIP		
TITLE			2.1 TIT			Change Addition
NAME			2.2 NAME			
STREET ADDRESS CITY-ST-ZIP			2.3 STREET A 2. 4 City-St		- 1	
TITLE				3.1 TITLE		☐ Change ☐ Addition
NAME	,32		,3.2 NA	ME		-
STREET ADDRESS	ADDRESS 333		3.3 ST	REET A	ADDRESS	
CITY-ST-ZIP			3.4. CI		- ZIP	T 51.
TITLE				4.1 TITLE 4. 2 NAME		L] Change L] Addition
NAME STREET ADDRESS					nnpreè	
1	ITY-ST-ZIP			4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		
TITLE				5.1 TITLE		☐ Change ☐ Addition
NAME	IAME 5		5 2 NA	5 2 NAME		
STREET ADDRESS			5.3 ST	REET A	ODRESS	
CITY-ST-ZIP TITLE				5.4 CITY-ST-ZIP		☐ Change ☐ Addilion
NAME				6.1 TITLE 6.2 NAME		L. Change L. Adulton
STREET ADDRESS					ODRESS	
CITY-ST-ZIP			6.4 CIT			
	artification information according to	uith this filing along not qualify f				Caption 140 07/0/(). Florido Ctatutas I further partifu that the information

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 is such and equal to 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 exec.

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.