

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 499992 (6)
1. Corporation Name
SOUTHERN INSTRUMENTS AND CONTROL SYSTEMS, INC.



Principal Place of Business Mailing Address
2724 HIBISCUS DRIVE 2724 HIBISCUS DRIVE
P O BOX 836 P O BOX 836
EDGEWATER FL 32141-5404 EDGEWATER FL 32141-5404

2. Principal Place of Business 2a. Mailing Address
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
22 City & State 27 City & State
23 Zip 28 Zip
24 Country 29 Country
25 Country 30 Country

3. Date incorporated or Qualified 03/29/1976 3a. Date of Last Report 05/01/1995
4. FEI Number 59-1657565 Applied For Not Applicable
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
ROSS, JR. WILLIAM L. 81 Name
400 CANAL ST. 82 Street Address (P.O. Box Number is Not Acceptable)
NEW SMYRNA BCH FL 83
84 City FL 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 officer 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 VS 1.1 TITLE
NAME ROSSI, KAREN 12 NAME
STREET ADDRESS 3207 WILLOW OAK DR 13 STREET ADDRESS
CITY-ST-ZIP EDGEWATER FL 14 CITY-ST-ZIP
TITLE PD 2.1 TITLE
NAME RICHARDS, ROBERT W 22 NAME
STREET ADDRESS 1916 S RIVERSIDE DR 23 STREET ADDRESS
CITY-ST-ZIP EDGEWATER FL 24 CITY-ST-ZIP
TITLE VT 3.1 TITLE
NAME RICHARDS, RENEE, E 32 NAME
STREET ADDRESS 451 PALM DR 33 STREET ADDRESS
CITY-ST-ZIP NEW SMYRNA BCH FL 34 CITY-ST-ZIP
TITLE V 4.1 TITLE
NAME BROWN, JOSEPH, R 42 NAME
STREET ADDRESS 3022 TRAVELERS PALM 43 STREET ADDRESS
CITY-ST-ZIP EDGEWATER FL 44 CITY-ST-ZIP
TITLE V 5.1 TITLE
NAME RICHARDS, WILLIAMS, S 52 NAME
STREET ADDRESS 31181 WAKEFIELD DR. 53 STREET ADDRESS
CITY-ST-ZIP SPANISH FORT AL 54 CITY-ST-ZIP
TITLE 6.1 TITLE
NAME 62 NAME
STREET ADDRESS 63 STREET ADDRESS
CITY-ST-ZIP 64 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)