

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
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

FILED  
Aug 31 1998 8:00am  
Secretary of State



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		03/29/1976	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		59-1657565	
24 Country		30 Country		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 owes or has paid the current year Intangible	
				Personal Property Tax due June 30.	
				Yes No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
ROSS, JR. WILLIAM L. 400 CANAL ST. NEW SMYRNA BCH FL		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		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 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	VS	1.1 TITLE	PD
NAME	ROSSI, KAREN	1.2 NAME	JOHN E. MEDEFIND
STREET ADDRESS	3207 WILLOW OAK DR	1.3 STREET ADDRESS	6081 SABAL CREEK BLVD
CITY-ST-ZIP	EDGEWATER FL	1.4 CITY-ST-ZIP	PORT ORANGE, FL 32124
TITLE	PD	2.1 TITLE	VTS
NAME	RICHARDS, ROBERT W	2.2 NAME	NANCY L. MEDEFIND
STREET ADDRESS	2810 OCEAN SHORE BLVD. UNIT #9	2.3 STREET ADDRESS	6081 SABAL CREEK BLVD
CITY-ST-ZIP	ORMOND BEACH FL 32178	2.4 CITY-ST-ZIP	PORT ORANGE, FL 32124
TITLE	VT	3.1 TITLE	
NAME	RICHARDS, RENEE, E	3.2 NAME	
STREET ADDRESS	451 PALM DR	3.3 STREET ADDRESS	
CITY-ST-ZIP	NEW SMYRNA BCH FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	300002629593
STREET ADDRESS		5.3 STREET ADDRESS	-09/01/98--01006--018
CITY-ST-ZIP		5.4 CITY-ST-ZIP	***400.00
TITLE		6.1 TITLE	
NAME		6.2 NAME	300002629593
STREET ADDRESS		6.3 STREET ADDRESS	-09/01/98--01006--017
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***150.00

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.

CR2E034 (5/98)