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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # **H97117**

1. Corporation Name

MATIONIAL INICTOLINIENTS & CONTOOLS INC

NATION	AL INSTRUMENTS & CON	INOLO, INO.					
Principal Place	e of Business	Mailing Address			1 1001811 0119 19111 1960) 11001 11011 1061 01011 910	() EIBH BIBH	Prais activities
1598 S.W. 8TH STREET 1598 S.W. 8TH STREET							•
BOCA RATON FL 33486 BOCA RATON FL 33486							
			•		DO NOT WRITE IN THIS S	PACE	
		•			3. Date Incorporated or Qualifed		
					02/03/1986		
Principal Place of Business 2a. Mailing Address					4. FEI Number	⊢	applied For
21 26					59-2690573	 	lot Applicable
Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional Required
22 27							 -
City & State	e .	City & State			6. Election Campaign Financing		May Be
23		28	Country		Trust Fund Contribution		to Fees
Zip 	Country	Zip	Country	•	8. This corporation owes the current year Inta	ngible ∐Yes	□No
24	25	29 30	<u> </u>		Personal Property Tax. 10. Name and Address of New Registered A		
	9. Name and Address of Curre	int Registered Agent	81	Name	10. Name and Address of New Neglacored A	gont	
VAR	GO, RICHARD T.]*:	1401110			
1598 S.W. 8TH STREET			82	Street Addr	ress (P.O. Box Number is Not Acceptable)		
BOCA RATON FL 33486			83				
500	A INTONTE SOLO		. 03				
			84	City		85 Zip	Code
	•			L	FL_	<u> </u>	to registered
office or r	egistered agent, or both, in the Stat	e of Florida. Such change was auth pations of, Section 607.0505, Florida	orized by	the corporation	oration submits this statement for the purpose of c on's board of directors. I hereby accept the appoint	ment as r	egistered
SIGNATURE					or(when repostating) DATE		
	Signature, typed or printed name of registered ag			it signature require	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	OPS IN 12
12.	P	ND DIRECTORS ☐ DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	
TITLE	•	5 522212	1.2 NAME				_
NAME	VARGO, RICHARD T.				•		ļ
STREET ADDRESS			1.3 STREET ADDRESS				i
CITY-ST-ZIP			1.4 CITY-S	T-ZIP		Change	Addition
TITLE	V					Containge	
NAME	Waldo, Diovine II.		2.2 NAME				Į
STREET ADDRESS	1598 S.W. 8TH STREET		2.3 STREET	1	2	~	٠ ــ ج
CITY-ST-ZIP			2.4 CITY-S	IT-ZIP		Channe	Addition
TITLE	C DELETE 3.1 TH		3.1 TITLE		•	Change	Addition
NAME	32N		3.2 NAME				
STREET ADDRESS			3.3 STREET	ADDRESS			ł
CITY-ST-ZIP			3.4. CITY-S	IT-ZIP			
TITLE	•	☐ DELETE	4.1 TITLE	ſ		☐ Change	e ☐ Addition (
NAME			4. 2 NAME				†
STREET ADDRESS	*	;	4.3 STREET	ADDRESS			
CITY-ST-ZIP			4.4 CITY-\$	T- ZIP			
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME .			5.2 NAME]
STREET ADDRESS			5.3 STREET	ADDRESS	•		ļ
CITY-ST-ZIP			5.4 C/TY-S	T-ZIP			
TITLE		☐ DELETE	6.1 TITLE		- 	☐ Change	Addition
NAME		,	6.2 NAME				
STREET ADDRESS			6.3 STREET	FADDRESS			

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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

FILED Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90230 024 ***158.75