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

PROFIT CORPORATION ANNUAL REPORT

**1996**

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

DOCUMENT # **P93000065834 (2)**

1. Corporation Name

**ICL INSTRUMENTS, INC.**

Principal Place of Business

**1501 DECKER AVE., SUITE 118**
**STUART FL 34994**

Mailing Address

**1501 DECKER AVE., SUITE 118**
**STUART FL 34994**

3. Date Incorporated or Qualified: **09/13/1993**

3a. Date of Last Report: **05/01/1995**

4. FEI Number: **65-0440710** ☐ 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 was liable for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

9. Name and Address of Current Registered Agent

**KELLY, JEFF**
**1149 FOX DEN WAY**
**PALM CITY FL 34990**

10. Name and Address of New Registered Agent

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 617.0202 and 617.1upon, 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 617.0505, Florida Statutes.

SIGNATURE _____ DATE

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|---|
| TITLE | P | ☐ DELETE | 11 TITLE | ☐ Change ☐ Addition |
| NAME | KELLY, JEFF | | 12 NAME | |
| STREET ADDRESS | 1149 FOX DEN WAY | | 13 STREET ADDRESS | |
| CITY-ST-ZIP | PALM CITY FL 34990 | | 14 CITY-ST-ZIP | |
| TITLE | VP | ☐ DELETE | 21 TITLE | ☐ Change ☐ Addition |
| NAME | INCLAN, CARLOS | | 22 NAME | |
| STREET ADDRESS | 13460 SW 102ND LANE | | 23 STREET ADDRESS | |
| CITY-ST-ZIP | MIAMI FL 33186 | | 24 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 31 TITLE | ☐ Change ☐ Addition |
| NAME | | | 32 NAME | |
| STREET ADDRESS | | | 33 STREET ADDRESS | |
| CITY-ST-ZIP | | | 34 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 41 TITLE | ☐ Change ☐ Addition |
| NAME | | | 42 NAME | |
| STREET ADDRESS | | | 43 STREET ADDRESS | |
| CITY-ST-ZIP | | | 44 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 51 TITLE | ☐ Change ☐ Addition |
| NAME | | | 52 NAME | |
| STREET ADDRESS | | | 53 STREET ADDRESS | |
| CITY-ST-ZIP | | | 54 CITY-ST-ZIP | |
| TITLE | | ☐ DELETE | 61 TITLE | ☐ Change ☐ Addition |
| 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 complies with the requirements of 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 attached list, with my address.

**SIGNATURE:** Jeff Kelly JEFF KELLY 4/16/96 407 286 6045
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (12/95)