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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # P95000047826 (9)

IBP INSTRUMENTS, INC.

Principal Place of Business Mailing Address 201 ATP TOUR BLVD. PO BOX 1936 **SUITE #162** PONTE VEDRA BCH FL 32004-1936 PONTE VEDRA BCH FL 32082 3a. Date of Last Report 3. Date Incorporated or Qualified 06/16/1995 05/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Not Applicable 65-0591437 21 26 Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 Added to Fees Trust Fund Contribution 28 Country 8. This corporation has liability for intangible tax under s. 199.032, 24 29 30 Florida Statutes Yes No 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **BOETTCHER, JUERGEN** 201 ATP TOUR BLVD. 62 Street Address (P.O. Box Number is Not Acceptable) SUITE #162 83 PONTE VEDRA BCH FL 32082 84 City 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. Thereby accept the appointment as registered agent. I am farminar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURI Signatine, type dioripmeted name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS (96/6)12. 13. Change Addition DELETE 1.1 TITLE THE PFINGSTMANN, WERNER 32E034 NAME 12 NAME **EICH HOERN CHEN STE 926** EICHHORNCHEN STEG 26 1.3 STREET ADDRESS STREET ADDRESS HANNOVER, GERMANY 30659 HANNOVER GER MAN 1.4 CITY-ST-ZIP CITY - ST - ZIP បី DELETE Change Addition $10\,\mathrm{kF}$ 21 TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-S1-Zin DELETE Change Addition THLE 3.1 TITLE 3.2 NAME STREET ACORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP City 81-709 DELETE Addition Change TITLE 4.1 TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP COLY - ST - ZIP DELETE Change Addition HILE 51 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 City - St - 7IP CITY ST-ZiP DELETE Change Addition 11118 61 TITLE 6.2 NAME NAME

SIGNATURE:

appears in Block 12 or

STREET ADUREDS

TURE AND TWO ON DENTED NAME OF SIGNING OFFICER OR DIRECTOR

changed, or on an attachment with an address.

WERNER PRINCET HANN

6.3 STREET ADDRESS

64.017-51-7P

14. To 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 directly of the providing on the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

49/15/40

904 - 273 -0708

FILED

Apr 25 1997 8:00am

Secretary of State

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