

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 # P98000027322

1. Corporation Name

SASCO INSTRUMENTS, INC.

Principal Place of Business

**1340 CLEARMONT ST., STE. NO. 308
PALM-BAY FL-32905**

Mailing Address

**1340 CLEARMONT ST., STE. NO. 308
PALM-BAY FL-32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/23/1998

4. FEI Number

59-3505451

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 315 Stan Drive
Suite, Apt. #, etc.

22 Suite 7

City & State

23 Melbourne, FL

Zip Country

24 32904

25 Brevard

2a. Mailing Address

26 315 Stan Drive

Suite, Apt. #, etc.

27 Suite 7

City & State

28 Melbourne, FL

Zip Country

29 32904

30 Brevard

9. Name and Address of Current Registered Agent

REYES, JUAN

**1340 CLEARMONT ST., STE. NO. 308
PALM-BAY FL-32905**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**83 315 Stan Drive
Suite 7**

84 City

Melbourne

FL

85 Zip Code

32904

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

TITLE **D** ☒ DELETE

NAME **SASLOW, DOUG**

STREET ADDRESS **1340 CLEARMONT ST., STE. NO. 308**

CITY-ST-ZIP **PALM-BAY FL-32905**

TITLE **D** ☐ DELETE

NAME **REYES, JUAN**

STREET ADDRESS **1340 CLEARMONT ST., STE. NO. 308**

CITY-ST-ZIP **PALM BAY FL 32905**

TITLE **D** ☐ DELETE

NAME **CARRANDI, ARTY**

STREET ADDRESS **1340 CLEARMONT ST., STE. NO. 308**

CITY-ST-ZIP **PALM BAY FL 32905**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

**315 STAN DRIVE, Suite 7
Melbourne, FL 32904**

**315 STAN DRIVE, Suite 7
Melbourne, FL 32904**

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.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/6/99

Date

407-676-6288

Daytime Phone #

CR2E034 (11/98)