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FILED  
Oct 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # S15695 (7)  
1. Corporation Name  
APPLIED SENSING PRODUCTS CORP.



Principal Place of Business Mailing Address  
1770 BAYWOOD WAY PO BOX 5235  
SUITE 107B SUITE 107B  
SARASOTA FL 34231 SARASOTA FL 34277-5235  
US US

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.		11/28/1990	
22 City & State		27 City & State		4. FEI Number	
23 Zip		28 Zip		65-0229967	
24 Country		30 Country		5. Certificate of Status Desired	
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
ADRIEN, ARTHUR E. 3908 78TH PLACE, EAST SARASOTA FL 34243				81 Name Heather Martin			
				82 Street Address (P.O. Box Number Is Not Acceptable)			
				580 Cabana Rd.			
				83			
				84 City Venice			
				FL 85 Zip Code 34293			

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 *Heather Martin* DATE 9/22/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DP	DELETE		1.1 TITLE	Change Addition		
NAME	MACKAY, JOHN A.			1.2 NAME			
STREET ADDRESS	1770 BAYWOOD WAY			1.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			1.4 CITY-ST-ZIP			
TITLE	DV	DELETE		2.1 TITLE	Change Addition		
NAME	MACKAY, PAULA A.			2.2 NAME			
STREET ADDRESS	1770 BAYWOOD WAY			2.3 STREET ADDRESS			
CITY-ST-ZIP	SARASOTA FL			2.4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TITLE	Change Addition		
NAME				3.2 NAME			
STREET ADDRESS				3.3 STREET ADDRESS			
CITY-ST-ZIP				3.4 CITY-ST-ZIP			
TITLE		DELETE		4.1 TITLE	Change Addition		
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE		5.1 TITLE	Change Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		DELETE		6.1 TITLE	Change Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-ST-ZIP				6.4 CITY-ST-ZIP			

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 (10/97)