

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 # **S34372** (0)

1. Corporation Name

CENTRAL FLORIDA INSTRUMENTS, INC.



Principal Place of Business

Mailing Address

130 TECH DR.
SANFORD FL 32771
US

130 TECH DR.
SANFORD FL 32771
US

3. Date Incorporated or Qualified

02/25/1991

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 160 WIMBLEDON CIRCLE

26 P.O. BOX 953273

Suite, Apt. #, etc.

Suite, Apt. #, etc.

4. FEI Number

59-3138735

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes

☐ No

23 HEATHROW, FL

28 LAKE MARY, FL

Zip

Country

Zip

Country

24 32746

25 SEMINOLE

29 32795-3273

30 SEMINOLE

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MASOTTI, BEATRIX
130 TECH DR.
SANFORD FL 32771

81 Name

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

1482 WESTCHESTER AVENUE

83

84 City

WINTER PARK,

FL

85 Zip Code

32789

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME JUNKER, MICHAEL
STREET ADDRESS 92 SPRING LAKE DR
CITY - ST - ZIP DEBARY FL

☒ DELETE

1.1 TITLE PRESIDENT
1.2 NAME UWE P. WELVERS
1.3 STREET ADDRESS 160 WIMBLEDON CIRCLE
1.4 CITY - ST - ZIP HEATHROW, FL 32746

☐ Change

☒ Addition

TITLE ST
NAME MASOTTI, BEATRIX
STREET ADDRESS 1128 W YATES ST
CITY - ST - ZIP ORLANDO FL

☐ DELETE

2.1 TITLE
2.2 NAME BEATRIX MASOTTI
2.3 STREET ADDRESS 1482 WESTCHESTER AVENUE
2.4 CITY - ST - ZIP WINTER PARK, FL 32789

☒ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY - ST - ZIP

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP

☐ DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY - ST - ZIP

☐ Change

☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

4-23-96

407-829-2588

CR2E034 (12/95)