

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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Jan 31 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **V30594** (8)

1. Corporation Name  
**INNOVATION INSTRUMENTS, INC.**

Principal Place of Business  
**2620-2 W TENNESSEE ST  
TALLAHASSEE FL 32304**

Mailing Address  
**2620-2 W TENNESSEE ST  
TALLAHASSEE FL 32304-2568**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1992</b>		3a. Date of Last Report <b>05/01/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>59-3214007</b>		Applied For <input type="checkbox"/> Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>KUBIK, STEPHEN J. 155 OFFICE PLAZA DRIVE TALLAHASSEE FL 32301</b>				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 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 607.0504, Florida Statutes.

SIGNATURE Stephen J. Kubik [Signature] 1/27/97  
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	PD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, PETER S.			1.2 NAME			
STREET ADDRESS	260-2 W TENNESSEE ST			1.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32304			1.4 CITY - ST - ZIP			
TITLE	VD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	EDWARDS, GRAINNE			2.2 NAME			
STREET ADDRESS	2620-2 W TENNESSEE ST			2.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32304			2.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	DREW, J. EVERITT			3.2 NAME			
STREET ADDRESS	215 DELTA CT			3.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32303			3.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KUBIK, STEPHEN J.			4.2 NAME			
STREET ADDRESS	155 OFFICE PLAZA DR			4.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32301			4.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BUTLER, WILLIAM			5.2 NAME			
STREET ADDRESS	822 N MONROE ST			5.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32301			5.4 CITY - ST - ZIP			
TITLE	D	<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KELLEY, JOSEPH			6.2 NAME			
STREET ADDRESS	100 N DUVAL ST			6.3 STREET ADDRESS			
CITY - ST - ZIP	TALLAHASSEE FL 32301			6.4 CITY - ST - ZIP			

14. I do 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.

SIGNATURE: [Signature] P.S. EDWARDS PRESIDENT 1/27/97 574-1522  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)