

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **J94533**

1. Corporation Name

**AMERICAN EXAMINATION SERVICES, INC.**

Principal Place of Business

**4190 BELFORT RD  
STE 110  
JAX FL 32216  
US**

Mailing Address

**4190 BELFORT RD  
STE 110  
JAX FL 32216  
US**

**FILED**  
**Aug 11, 1999 8:00 am**  
**Secretary of State**

08-11-1999 90019 042 \*\*\*550.00

604597-90019-42



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**09/23/1987**

4. FEI Number

**59-2851436**

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. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**GOLDSTEIN, BURST A S  
960 PONTE VEDRA BLVD  
PONTE VEDRA BCH FL 32082**

10. Name and Address of New Registered Agent

81 Name

**ALICIA SALVADOR - BURST**

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

**960 Ponte Vedra Blvd**

83

84 City

**Ponte Vedra Bch**

**FL**

85 Zip Code  
**32082**

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

**Alicia Salvador-Burst / President - CEO**

**8/9/99**

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 **BURST, G A S**  
STREET ADDRESS **P.O. BOX 1636 N/A**  
CITY-ST-ZIP **PONTE VEDRA BCH. FL**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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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 **PRESIDENT I.C.E.O.** ☒ Change ☐ Addition  
1.2 NAME **ALICIA S. BURST** ☒ Change ☐ Addition  
1.3 STREET ADDRESS **960 PONTE VEDRA BLVD**  
1.4 CITY-ST-ZIP **Ponte Vedra Beach FL 32082**

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

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.

SIGNATURE:

**Alicia Salvador-Burst**

**8/9/99**

**904 332 8100**

CR2E034 (5/99)