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**Mar 04 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 # K91575 (6)

1. Corporation Name
PRECISION AQUARIUM TESTING, INC.



Principal Place of Business
**1501 DECKER AVE
#416
STUART FL 34994
US**

Mailing Address
**4779 SE GLENRIDGE TRL
STUART FL 34997-2548
US**

3. Date Incorporated or Qualified
05/23/1989

3a. Date of Last Report
03/14/1996

21	2. Principal Place of Business	26	2a. Mailing Address	4.	FEI Number 65-0173385	Applied For	<input type="checkbox"/>	Not Applicable
22	Suite, Apt. #, etc.	27	Suite, Apt. #, etc.	5.	Certificate of Status Desired	<input type="checkbox"/>	\$8.75	Additional Fee Required
23	City & State	28	City & State	6.	Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00	May Be Added to Fees
24	Zip	29	Zip	8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/> No
	Country	30	Country					

9. Name and Address of Current Registered Agent
**ALOI, JULIA S.
4779 SE GLEN RIDGE TR
STUART FL 34997**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

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 607.0505, Florida Statutes.

SIGNATURE **JULIA S. ALOI, TREASURER** *Julia S. Aloï* **2-27-97**
DATE

12. OFFICERS AND DIRECTORS

1. TITLE DELETE
NAME **ALOI, CARL L.**
STREET ADDRESS **4779 SE GLEN RIDGE TR
STUART FL**
CITY- ST- ZIP

2. TITLE DELETE
NAME **ALOI, JULIA S.**
STREET ADDRESS **4779 SE GLEN RIDGE TR
STUART FL**
CITY- ST- ZIP

3. TITLE DELETE
NAME **CASSIDY, EDWARDS J.**
STREET ADDRESS **4779 SE GLEN RIDGE TR
STUART FL**
CITY- ST- ZIP

4. TITLE DELETE
NAME **THEVENY, CHARLES J.**
STREET ADDRESS **4779 SE GLEN RIDGE TR
STUART FL**
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

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: *Julia S. Aloï* **JULIA S. ALOI** **2-27-97** **561-283-8907**
Date Daytime Phone

CR2E034 (9/96)