

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).

FILED
Jul 22, 1999 8:00 am
Secretary of State

07-22-1999 90013 036 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # **L02889**
 1. Corporation Name
RADON TESTERS OF AMERICA INC.



Principal Place of Business Mailing Address
 P.O. BOX 630504 P.O. BOX 630504
 MIAMI FL 33163 MIAMI FL 33163

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		07/18/1989	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0134559	
City & State		City & State		Applied For	
23		28		Not Applicable	
Zip	Country	Zip	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
24	25	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
				8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
JOHANNESBURG, PERRY 20543 NE 6 CT NORTH MIAMI BEACH FL 33179				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 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: 7-14-99

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PST	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JOHANNESBURG, PERRY		1.2 NAME				
STREET ADDRESS	20543 NE 6 CT.		1.3 STREET ADDRESS	PO BOX 630504			
CITY-ST-ZIP	N. MIAMI BEACH FL		1.4 CITY-ST-ZIP	MIAMI, FL 33163			
TITLE	C	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME	JOHANNESBURG, PERRY		2.2 NAME				
STREET ADDRESS	20543 NE 6 CT.		2.3 STREET ADDRESS	PO BOX 630504			
CITY-ST-ZIP	N. MIAMI BEACH FL		2.4 CITY-ST-ZIP	MIAMI, FL 33163			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS				
CITY-ST-ZIP			3.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			4.2 NAME				
STREET ADDRESS			4.3 STREET ADDRESS				
CITY-ST-ZIP			4.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP				
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change	<input type="checkbox"/> 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.

SIGNATURE: *[Signature]* DATE: 7-14-99 305 654-8900

CR2E034 (5/99)

5938 30-90013-36
LD 2889

**RADON TESTERS OF AMERICA INC.
PO. BOX 630504
MIAMI, FL. 33163**

July 14, 1999

To: Annual Reports Filings
Division of Corporations
Po. Box. 6327
Tallahassee, FL. 32314

To Whom It May Concern:

I received my annual report packet marked 2nd notice on July 10th 1999. I didn't receive a first notice and didn't realize my report was due. I called the Division of Corporations and talked with Robin Easom. She told me that sometimes the mail gets destroyed or lost enroute. I explained to Ms. Easom that I have been filing annual reports for over 10 years and never had a problem. I never thought about filing my annual report by a specific date because I get my annual report packet by mail and the same week I would send it out with my filing fee.

As a small corporation I can't afford to pay a four hundred dollar late fee. I didn't get the first packet. I ask the Division to please understand that I have only budgeted one hundred and fifty dollars to file this report as I have done every year for the last 10 years. Please waive the late penalty and except my annual report and check for \$150.00 which is enclosed with this letter.

I apologize and will take steps to prevent this from happening again.

Respectfully yours,


Perry Johannesburg
President