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

PROFIT CORPORATION ANNUAL REPORT 1999

ENVIRONMENTAL TESTING, INC.

DOCUMENT #

1, Corporation Name



_22661

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED Mar 06, 1999 8:00 am Secretary of State

03-06-1999 90111 031 ***150.00



Principal Plac	ce of Business	Mailing Addre	Mailing Address				,			
5135 BEECHWOOD RD 5135 BEECHWOOD R										
DELRAY BEAC	H FL 33484	DELRAY BEAC	DELRAY BEACH FL 33484				DO NOT WRITE IN THIS SPACE			
							3. Date Incorporated or Qualifed	TE IN TITLE	JI NOL	
							10/13/1989			,
2. Principal Place of Business 2a. Mailing Address							4. FEI Number		Apr	olied For
1 26						65-0145359			t Applicable	
Suite Ant	# Atc		Suite, Apt. #, etc.				00 0140009		\$8.75 A	
Suite, Apt. #, etc.		<u></u>	27				5. Certifcate of Status Desired		Fee Re	
City & Sta	te		City & State			5. Election Campaign Financing		\$5.00		
¬ '		}− ¬ '	28			Trust Fund Contribution		Added to	- 1	
Zip				Country			8. This corporation owes the curr	ont year int		-
¬, '	·		30			Personal Property Tax.	on your in		□No	
24)	9, Name and Address of Curi			, <u>,</u>			10. Name and Address of New	Registered		
	a, Hollie dila Hadi esa er adi.	rent regions ou rigo			81	Name				
RID	enhour, esther f				L_L					
5135 BEECHWOOD RD				82 Street Address (P.O. Box Number is N			dress (P.O. Box Number is Not Accept	able)		1
	RAY BCH FL 33484				83					
_					84	City			85 Zip C	Code
					Ш.			~~~	e	rogiotorod
11. Pursuant	to the provisions of Sections 607.0 registered agent, or both, in the Sta	0502 and 607.1508, Fi ate of Florida. Such ch	iorida Statutes iange was aut	s, <i>the at</i> thorized	bove- I bv th	- <i>namea co</i> he corpora	rporation submits this statement for the tion's board of directors. I hereby acce	purpose or of the appoi	ntment as reg	gistered
agent. I a	am familiar with, and accept the obli	igations of, Section 60	07.0505, Florid	da Stati	utes.	•				}
SIGNATURE										
	Signature, typed or printed name of registered		(NOTE: F	<u> </u>	Agent :	signature requ	ired when reinstating)	DATE	ID DIDECTO	DC IN 12
12.		AND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AF	Change	Addition
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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, with all other like empowered.

SIGNATURE:

2 /18/99

561-495-1985

2E034 (14/08)