

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$228 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL 18 AM 10:03

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # P93000009191 (6)**

1. Corporation Name

**DOWN UNDER TANK TESTING OF FLORIDA, INC.**

Principal Place of Business

Mailing Address

745 US HWY. 1  
SUITE 103  
N PALM BEACH FL 33408  
US

745 US HWY. 1  
SUITE 103  
N PALM BEACH FL 33408  
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

3a. Date of Last Report

02/05/1993

08/08/1994

4. FBI Number

65-0387751

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 has liability for intangible tax under s. 199.032, Florida Statutes

Yes  No

2. Principal Place of Business

2a. Mailing Address

21 2062 VISTA DRIVE

26 2062 VISTA DR.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

23 City & State

N. PALM BCH, FL

27 City & State

N. PALM BCH, FL

24 Zip

33408

25 Country

P.B.

28 Zip

33408

29 Country

P.B.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

COOKE, BRIAN J  
515 NORTH FLAGLER DR.  
SUITE 600  
W PALM BEACH FL 33401

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 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent 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 607.0905, Florida Statutes.

SIGNATURE

*Francine Greco, Pres.*

7/13/95

Signature, typed or printed name of registered agent and title, if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	GRECO, FRANCINE
STREET ADDRESS	2062 VISTA DRIVE
CITY - ST - ZIP	N PALM BEACH FL
TITLE	VD
NAME	JANOTTA, WILLIAM E.
STREET ADDRESS	2062 VISTA DR.
CITY - ST - ZIP	N. PALM BCH. FL
TITLE	S
NAME	GRECO, PEPPI
STREET ADDRESS	1213 ISLES CT.
CITY - ST - ZIP	BOYNTON BCH. FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Omit Peppi
3.3 STREET ADDRESS	Greco - no longer with us
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: *FRANCINE GRECO PRES.*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-13-95 (407) 691-9393

CR2E034 (3-95)