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

PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

FILED

Apr 15 1997 8:00am

Secretary of State

Daytin'e Phone #

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000027592 (1)

| FEDERAL HIGHWAY DIAGNOSTICS, INC. Principal Place of Business Mailing Address 10840 N.W. 26TH PLACE SUNRISE FL 33322 SUNRISE FL 33322-1014 | | | | | |
|---|--|---------------------|--|---|------------------------------------|
| | | | | 3. Date Incorporated or Qualified 04/03/1995 | 3a. Date of Last Report 03/26/1996 |
| 2. Principal F | Pace of Business | 2a. Mailing Address | | 4. FEI Number | Applied For |
| 21 | | 26 | | 65-0569026 | Not Applicable |
| Suite, Apt. | #, etc | Suite, Apt. #, etc. | | 5. Certificate of Status Desired | \$8.75 Additional Fee Required |
| City & Stat | ie | City & State | | 6. Election Campaign Financing Trust Fund Contribution | \$5.00 May Be Added to Fees |
| Zip Ti | Country | Zip | Country | 8. This corporation has liability for I | |
| 24 | 25 9. Name and Address of Curren | | 30 | Florida Statutes 10. Name and Address of New Re | Yes No |
| DDA | CKELL, KEITH S | - 11-Alexand URails | B1 Name | IV. HINTER WITH PROMIDES OF HOTE FIRE | Presented Liferity |
| 293 | 4 PORT ROYAL LANE RT LAUDERDALE FL 33308 | | 82 Street Add | dress (P.O. Box Number is Not Acceptab | le) |
| | | | 84 City | | FL 85 Zip Code |
| office or r agent, La | refrie provisions of sections our contents of sections our consequence of sections and the section of the secti | | in above framed conjust the corporarida Statutes. Registered Agent signature requirements | rporation submits this statement for the pation's board of directors. I hereby acceptions when reinstating) | the appointment as registered |
| 12. | OFFICERS AN | D DIRECTORS | 13. | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECTORS IN 12 |
| TITLE | D | ☐ DELETE | 1.1 TITLE | | ☐ Change ☐ Addition |
| NAME | BRICKELL, KEITH \$ | | 1.2 NAME | | |
| STREET ADDRESS | 2934 PORT ROYAL LANE | | 1.3 STREET ADDRESS | | |
| CITY ST-709 TITEE | FORT LAUDERDALE FL 33308 | DELETE | 1.4 CITY - ST - ZIP 2.1 TITLE | | Change Addition |
| NAME | | LJ beten | 2.2 NAME | | C1 augide C1 vocition |
| STREET ADDRESS | | | 2.3 STREET ADDRESS | | |
| CHY-ST-7IP | } | | 2. 4 CITY-ST-ZIP | · | • |
| TITLE. | | DELETE | 3.1 TITLE | · · · · · · · · · · · · · · · · · · · | Change Addition |
| NAME | | | 3.2 NAME | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS | | |
| CITY - \$1 - ZIP | | | 3.4. CITY+SY-ZIP | | |
| MLE | | ☐ DELETE | 4.1 TITLE | | Change Addition |
| NAM: | | | 4. 2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY-SY ZIP | | | 4.4 CiTY-ST-ZIP | · · · · · · · · · · · · · · · · · · · | |
| 1011 F | | DELETE | 5.1 TITLE | | Change Addition |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY SL-712 | | Lociere | 5 4 CiTY-ST-ZIP | | The Marie |
| THEF | | DELETE | 6.1 TITLE | | Change Addition |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| Oil 9 Ct 7/0 | 1 | | CAPITY ST 710 | | |

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 trustly empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 15 if phanged, or or an attachinent with an address.