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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT # Corporation Name

P95000048849 (0)

RICKARD TESTING & CONSULTING, INC.

25

2750 N. 29TH AVE., STE. 115

HOLLYWOOD FL 33020-1945

Principal Place of Business

2. Principal Place of Business

KIMPEL, SCOTT E

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

2750 N. 29TH AVE., STE, 115 HOLLYWOOD FL 33020-1945

2750 N. 29TH AVE., STE. 115 HOLLYWOOD FL 33020-1945

2a. Mailing Address 26 417 E. Shenidan

Suite, Apt. #, etc.

City & State

33004

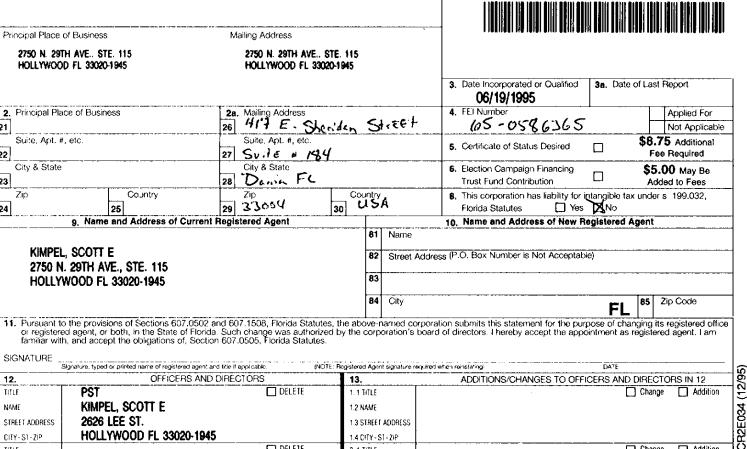
Zip

29

9. Name and Address of Current Registered Agent

Svile # 184

Dama FL



SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when renstating: DATE				
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PST	DELETE	1. 1 TITLE	Change Addition
NAME	KIMPEL, SCOTT E		1.2 NAME	
STREET ADDRESS	2626 LEE ST.		1.3 STREET ADDRESS	
CITY-S1-ZIP	HOLLYWOOD FL 33020-1945		1.4 C!TY - ST - ZIP	
TITLE	-	DELETE	2 1 TITLE	Change Addition
NAME			2.2 NAME	
STREET ADDRESS			23 STREET ADDRESS	
CITY-S1-ZIP			2.4 City-St-ZiP	
TITLE		☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STHEFT ADDRESS			3.3 STREET ADDRESS	
CITY-S1-ZIP			3.4 CITY - ST - ZIP	
THLE		DEFELE	4 1 THLE	☐ Change ☐ Addition
NAME			42 NAME	
STREET ADDRESS			43 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY - ST - ZIP	
TITLE		DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP	
TITLE		□ DELETE	6 1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP	

Country

81 Name

82

83

84 City

30

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 119.07(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 cath; that I am an officer or director of the corporation or the receiver or truebe 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. appears in Block 12 or Block 13 if changed or on an attachment with

SIGNATURE:

Scott E. Kimpel