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Mar 05 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # G67422 (7)

1. Corporation Name  
TRIAL CONSULTANTS, INC.



Principal Place of Business

C/O AMY SINGER, PH.D  
11900 BISCAYNE BLVD SUITE 511  
MIAMI FL 33181

Mailing Address

C/O AMY SINGER, PH.D  
11900 BISCAYNE BLVD SUITE 511  
MIAMI FL 33181-2726

3. Date Incorporated or Qualified  
11/02/1983

3a. Date of Last Report  
07/03/1996

2. Principal Place of Business

21 840 NE 20TH AVE

Suite, Apt. #, etc.

22 City & State

23 FT LAUDERDALE FL

Zip

24 33304

Country

2a. Mailing Address

26 840 NE 20TH AVE

Suite, Apt. #, etc.

27 City & State

28 FT LAUDERDALE FL

Zip

29 33304

Country

30

4. FEI Number  
59-2337326

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

9. Name and Address of Current Registered Agent

SINGER, AMY, PH. D  
1900 BISCAYNE BLVD SUITE 511  
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name SINGER AMY PHD

82 Street Address (P.O. Box Number is Not Acceptable)

83 840 NE 20TH AVE

84 City

FT LAUDERDALE

FL

85 Zip Code

33304

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 of corporation, officer, director, or authorized agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP  
NAME SINGER, AMY PH D  
STREET ADDRESS 11900 BISCAYNE BOULEVARD  
CITY-ST-ZIP MIAMI, FL 00000

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP  
1.2 NAME SINGER AMY PHD  
1.3 STREET ADDRESS 840 NE 20TH AVE  
1.4 CITY-ST-ZIP FT LAUDERDALE FL 33304

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2-26-97

Date

954-525-9662

Daytime Phone #

0247280

CR2E034 (9/96)