

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1996**



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

**DOCUMENT # F95000001778 (8)**

1. Corporation Name

**ADMIRAL TESTING SERVICES, INC.**



Principal Place of Business

Mailing Address

**524 ELMWOOD PARK BLVD., SUITE 160  
HARAHAN LA 70123**

**524 ELMWOOD PARK BLVD., SUITE 160  
HARAHAN LA 70123**

|                                                                                                                                                                |                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified<br><b>04/12/1995</b>                                                                                                         | 3a. Date of Last Report       |
| 4. FEI Number<br><b>72-1281343</b>                                                                                                                             | Applied For<br>Not Applicable |
| 5. Certificate of Status Desired<br><input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>                                                  |                               |
| 6. Election Campaign Financing<br>Trust Fund Contribution<br><input checked="" type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>                            |                               |
| 8. This corporation has liability for intangible tax under s. 190.032, Florida Statutes<br><input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |                               |

2. Principal Place of Business

2a. Mailing Address

21 **5909-C Breckenridge**

26

Suite, Apt. #, etc

27 Suite, Apt. #, etc

22 **Pkwy, Hwy 301**

27

City & State

28 City & State

23 **Tampa, Fl.**

28

Zip

Country

Zip

Country

24 **33610**

25

**USA**

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CURRY, CLIFTON C JR  
CURRY & ASSOCIATES, P.A.  
750 W. LUMSDEN ROAD (PO BOX 1143)  
BRANDON FL 33509-1143**

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 607.1508, 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 typed for printed name of registered agent and for corporation

(Print Name of Registered Agent separately required when not signing)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                |                                         |                                            |
|----------------|-----------------------------------------|--------------------------------------------|
| TITLE          | <b>P</b>                                | <input type="checkbox"/> DELETE            |
| NAME           | <b>RAMOS, RENATO M</b>                  |                                            |
| STREET ADDRESS | <b>524 ELMWOOD PARK BLVD, SUITE 160</b> |                                            |
| CITY-ST-ZIP    | <b>HARAHAN LA 70123</b>                 |                                            |
| TITLE          | <b>DV</b>                               | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>KHAN, MOHAMMAD M</b>                 |                                            |
| STREET ADDRESS | <b>524 ELMWOOD PARK BLVD, SUITE 160</b> |                                            |
| CITY-ST-ZIP    | <b>HARAHAN LA 70123</b>                 |                                            |
| TITLE          | <b>DS</b>                               | <input type="checkbox"/> DELETE            |
| NAME           | <b>RAMOS, RAMONA H</b>                  |                                            |
| STREET ADDRESS | <b>524 ELMWOOD PARK BLVD, SUITE 160</b> |                                            |
| CITY-ST-ZIP    | <b>HARAHAN LA 70123</b>                 |                                            |
| TITLE          | <b>DT</b>                               | <input type="checkbox"/> DELETE            |
| NAME           | <b>KENNEY, LINDA B</b>                  |                                            |
| STREET ADDRESS | <b>524 ELMWOOD PARK BLVD, SUITE 160</b> |                                            |
| CITY-ST-ZIP    | <b>HARAHAN LA 70123</b>                 |                                            |
| TITLE          | <b>D</b>                                | <input type="checkbox"/> DELETE            |
| NAME           | <b>RAMOS, RENATO M JR</b>               |                                            |
| STREET ADDRESS | <b>524 ELMWOOD PARK BLVD, SUITE 160</b> |                                            |
| CITY-ST-ZIP    | <b>HARAHAN LA 70123</b>                 |                                            |
| TITLE          | <b>D</b>                                | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>DUGAS, LYDIA S</b>                   |                                            |
| STREET ADDRESS | <b>524 ELMWOOD PARK BLVD, SUITE 160</b> |                                            |
| CITY-ST-ZIP    | <b>HARAHAN LA 70123</b>                 |                                            |

|                   |                                         |                                                                              |
|-------------------|-----------------------------------------|------------------------------------------------------------------------------|
| 11 TITLE          | <b>D</b>                                | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 12 NAME           | <b>Stanley Kenney</b>                   |                                                                              |
| 13 STREET ADDRESS | <b>524 Elmwood Park Blvd. Suite 160</b> |                                                                              |
| 14 CITY-ST-ZIP    | <b>Harahan, La. 70123</b>               |                                                                              |
| 21 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |                                         |                                                                              |
| 23 STREET ADDRESS |                                         |                                                                              |
| 24 CITY-ST-ZIP    |                                         |                                                                              |
| 31 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME           |                                         |                                                                              |
| 33 STREET ADDRESS |                                         |                                                                              |
| 34 CITY-ST-ZIP    |                                         |                                                                              |
| 41 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |                                         |                                                                              |
| 43 STREET ADDRESS |                                         |                                                                              |
| 44 CITY-ST-ZIP    |                                         |                                                                              |
| 51 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME           |                                         |                                                                              |
| 53 STREET ADDRESS |                                         |                                                                              |
| 54 CITY-ST-ZIP    |                                         |                                                                              |
| 61 TITLE          |                                         | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME           |                                         |                                                                              |
| 63 STREET ADDRESS |                                         |                                                                              |
| 64 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 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

**SIGNATURE:**

**Renato M. Ramos**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**6/08/96**

**504-734-5201**

Date

Original Filing #

CR2E034 (3/96)