

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

FILED

Apr 15 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # J63871 (4)**  
1. Corporation Name  
**PROFESSIONAL TESTING SERVICE, INC.**



Principal Place of Business <b>1312 E. ROBINSON ST. ORLANDO FL 32801-2178</b>	Mailing Address <b>1312 E. ROBINSON ST. ORLANDO FL 32801-2178</b>
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3. Date Incorporated or Qualified <b>03/26/1987</b>	3a. Date of Last Report <b>01/22/1996</b>
4. FEI Number <b>59-2787625</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business <b>1200 HILCREST ST</b>	22. Mailing Address <b>1200 HILCREST ST</b>
22. Suite, Apt #, etc. <b>Sfe 300</b>	27. Suite, Apt #, etc. <b>Sfe 300</b>
23. City & State <b>ORLANDO</b>	28. City & State <b>ORLANDO</b>
24. Zip <b>32803-4717</b>	29. Zip <b>32803-4717</b>
25. Country	30. Country

9. Name and Address of Current Registered Agent  
**COX, DAVID  
1312 E ROBINSON ST.  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number is Not Acceptable) <b>1239 Majestic Oak Dr</b>
83.
84. City <b>Apopka</b>
85. Zip Code <b>FL 32712</b>

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>VP</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COX, DALE L</b>		1.2 NAME	
STREET ADDRESS <b>344 DREXEL DRIVE</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>GRAPEVINE TX 78051</b>		1.4 CITY-ST-ZIP	
TITLE <b>P</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>COX, DAVID</b>		2.2 NAME	
STREET ADDRESS <b>41 SWAIN RD</b>		2.3 STREET ADDRESS <b>1239 MAJESTIC OAK DR</b>	
CITY-ST-ZIP <b>SORRENTO FL 32778</b>		2.4 CITY-ST-ZIP <b>APOPKA, FL 32712</b>	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: DAVID COX **DAVID COX** 4/11/97 **407 894-6405**  
Date Daytime Phone #

CR2E034 (9/96)