

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **J84973** (3)

1. Corporation Name

FLORIDA TESTING AND ENGINEERING, INC.

Principal Place of Business
**877 N.W. 61ST ST.
FT. LAUDERDALE FL 33309**

Mailing Address
**877 N.W. 61ST ST.
FT. LAUDERDALE FL 33309**

APPROVED
AND
FILED

95 MAY -1 PM 1:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1987	3a. Date of Last Report 05/01/1994
4. FEI Number 65-0003500	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 the provisions of Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Zip 25
City 29	City 30

9. Name and Address of Current Registered Agent

**POLTORACK, RONALD D.
412 S E 18TH STREET
100 SOUTHEAST 2ND STREET, STE 2300
FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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 607.0102 and 607.1506, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPTS	NAME MORENO, ALEJANDRO	1. TITLE ☐ Change ☐ Addition	
STREET ADDRESS 4901 N OCEAN BLVD, #1201	2. NAME	2. NAME	
CITY, ST, ZIP FT. LAUDERDALE FL	3. STREET ADDRESS	3. STREET ADDRESS	
TITLE VEX	NAME BALLOON, GEORGE	4. TITLE ☒ Change ☐ Addition	
STREET ADDRESS 865 S WINDY PALM	5. STREET ADDRESS	5. STREET ADDRESS	
CITY, ST, ZIP SUNRISE FL	6. NAME	6. NAME	
TITLE	NAME	7. TITLE ☐ Change ☒ Addition	
STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	
CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP	
TITLE	NAME	10. TITLE ☐ Change ☒ Addition	
STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	
CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	
TITLE	NAME	13. TITLE ☐ Change ☐ Addition	
STREET ADDRESS	14. STREET ADDRESS	14. STREET ADDRESS	
CITY, ST, ZIP	15. CITY, ST, ZIP	15. CITY, ST, ZIP	
TITLE	NAME	16. TITLE ☐ Change ☐ Addition	
STREET ADDRESS	17. STREET ADDRESS	17. STREET ADDRESS	
CITY, ST, ZIP	18. CITY, ST, ZIP	18. CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in law from the filing of this report. I further certify that the information is not included in the annual report or supplemental annual report of this corporation and is not included in the annual report of this corporation. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes, and that my name appears on Block 1, or Block 1 of the change of address statement with an address.

SIGNATURE: _____ **5-1-95** **305-938-4404**

INITIALS AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR