

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR -7 AM 5:14

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K33242 (4)

1. Corporation Name

PRECISION TESTING INC

Principal Place of Business

3056 S. STATE ROAD 7, #72
MIRAMAR FL 33023-5285

Mailing Address

3056 S. STATE ROAD 7, #72
MIRAMAR FL 33023-5285

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/16/1988

3a. Date of Last Report

08/02/1994

2. Principal Place of Business

21 5220 SW 172 AVE

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite, Apt. #, etc.

23 City & State

FORT LAUDERDALE FL

27 City & State

28 City & State

24 Zip

33331

25 Country

U.S.A

29 Zip

30 Country

4. FEI Number

65-0077450

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

SHAH, SYED S.
8529 SHERATON DR.
MIRAMAR FL 33025

10. Name and Address of New Registered Agent

81 Name

SHAH, SYED S

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

5220 SW 172 AVE

83

84 City FORT LAUDERDALE

FL

85 Zip Code

33331

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 officer or director of corporation and their application (Print Name and Signature of Registered Agent when required)

03/28/95

12. OFFICERS AND DIRECTORS

TITLE	P
NAME	SHAH, SYED S.
STREET ADDRESS	8529 SHERATON DR.
CITY ST ZIP	MIRAMAR FL
TITLE	V
NAME	RIBACHONEK, EDWARD JOHN
STREET ADDRESS	3585 ATLANTA ST.
CITY ST ZIP	HOLLYWOOD FL
TITLE	S
NAME	SHAH, FARIDA
STREET ADDRESS	8529 SHERATON DR.
CITY ST ZIP	MIRAMAR FL
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

11 TITLE	P	☒ Change ☐ Addition
12 NAME	SHAH, SYED S	
13 STREET ADDRESS	5220 SW 172 AVE	
14 CITY ST ZIP	FORT LAUDERDALE FL 33331	
21 TITLE		☐ Change ☐ Addition
22 NAME		
23 STREET ADDRESS		
24 CITY ST ZIP		
31 TITLE	S	☒ Change ☐ Addition
32 NAME	SHAH, FARIDA	
33 STREET ADDRESS	5220 SW 172 AVE	
34 CITY ST ZIP	FORT LAUDERDALE FL 33331	
41 TITLE		☐ Change ☐ Addition
42 NAME		
43 STREET ADDRESS		
44 CITY ST ZIP		
51 TITLE		☐ Change ☐ Addition
52 NAME		
53 STREET ADDRESS		
54 CITY ST ZIP		
61 TITLE		☐ Change ☐ 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)(b), 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

03/28/95

(345) 434-7316