

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K33242**

1. Corporation Name
PRECISION TESTING INC

Principal Place of Business
7700 W. 24TH AVENUE
13
HIALEAH FL 33016
US

Mailing Address
P.O. BOX 821693
SOUTH FLORIDA FL 33082-1693
US

2. Principal Place of Business
21 **4600 N. 111 AT US 10**
Suite, Apt. #, etc.
22 **ROAD**
City & State
23 **SUNRISE, FL**
Zip **33351** Country **U.S.A**
24

2a. Mailing Address
26 **Suite, Apt. #, etc.**
27 **City & State**
28 **Zip** **Country**
29 **30**

3. Date Incorporated or Qualified
09/16/1988
4. FEI Number
65-0077450 Applied For
Not Applicable
5. Certificate of Status Desired **\$8.75** Additional
Fee Required
6. Election Campaign Financing **\$5.00** May Be
Trust Fund Contribution Added to Fees
8. This corporation owes the current year Intangible
Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

SHAH, SYED S
5220 SW 172 AVE
FORT LAUDERDALE FL 33331

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
500003006385-8
83 **-10/05/99-01107-009**
84 City **FL** *******550-01107-009*****550-00**

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	SHAH, SYED S	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	5220 SW 172 AVENUE	1.2 NAME	
STREET ADDRESS	FORT LAUDERDALE FL	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	V.P.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	R.N. SAILAPPAN	2.2 NAME	
STREET ADDRESS	18062 CLEARBROOK CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON, FL 33498	2.4 CITY-ST-ZIP	
TITLE	S.	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	EDWARD RIBACHONEK	3.2 NAME	
STREET ADDRESS	3585 ATLANT Street	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	3.4 CITY-ST-ZIP	
TITLE		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		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		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 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

09/20/99 (954) 749-6915

Date Daytime Phone #

0176579

CR2E034 (11/98)