

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

99 SEP 27 PM 12:32



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

DO NOT WRITE IN THIS SPACE

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  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

8. This corporation owes the current year Intangible  
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 4600 N. HIATUS RD  
Suite, Apt. #, etc  
22 ROAD  
23 City & State  
SUNRISE, FL  
24 Zip 33351 Country U-S-A

2a. Mailing Address

26 Suite, Apt. #, etc

27 City & State

28 Zip

Country

30

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)

83

84 City

500003006385--8

-10/05/99--01107--009

\*\*\*\*550.00 \*\*\*\*550.00

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 or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE P [ ] DELETE  
NAME SHAH, SYED S  
STREET ADDRESS 5220 SW 172 AVENUE  
CITY-ST-ZIP FORT LAUDERDALE FL  
TITLE V.P [ ] DELETE  
NAME R. M. SAILAPPAN  
STREET ADDRESS 18062 CLEARBROOK CIRCLE  
CITY-ST-ZIP BOCA RATON, FL 33498  
TITLE S [ ] DELETE  
NAME EDWARD RIBACHONEK  
STREET ADDRESS 3585 ATLANT Street  
CITY-ST-ZIP HOLLYWOOD FL  
TITLE [ ] DELETE  
NAME [ ] DELETE  
STREET ADDRESS [ ] DELETE  
CITY-ST-ZIP [ ] DELETE  
TITLE [ ] DELETE  
NAME [ ] DELETE  
STREET ADDRESS [ ] DELETE  
CITY-ST-ZIP [ ] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE [ ] Change [ ] Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY-ST-ZIP  
2.1 TITLE [ ] Change [ ] Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP  
3.1 TITLE [ ] Change [ ] Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
4.1 TITLE [ ] Change [ ] Addition  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
5.1 TITLE [ ] Change [ ] Addition  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
6.1 TITLE [ ] Change [ ] Addition  
6.2 NAME  
6.3 STREET ADDRESS  
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

Date

Daytime Phone #

09/20/99 (954) 749-6915

0176579

CR2E034 (1/198)