## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

**PROFIT** CORPORATION ANNUAL REPORT

1999

**ENVIROTEST TECHNOLOGIES, INC.** 

DOCUMENT #
1. Corporation Name

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## **FILED** Jul 21, 1999 8:00 am Secretary of State

07-21-1999 90015 043 \*\*\*550.00

246 SOBRANTI SUNNYVALE C US		246 Sobrante Way Sunnyvale Ca 94086 US			DO NOT WRITE IN  3. Date Incorporated or Qualified  05/03/1988	THIS SPAC	CE
2 Principal P	lace of Business	2a. Mailing Address			4. FEI Number		Applied For
21 7 KRIPES ROAD 26 7 KRIPE				COAN -			- Not Applicable
Suite, Apt.		Suite, Apt. #, etc.		-01125		3.88	8.75 Additional
22	#, Oto.	27			5. Certificate of Status Desired	.J -	Fee Required
City & State 23 = A 57	GRANDY, CT	City & State			6. Election Campaign Financing Trust Fund Contribution		5.00 May Be Added to Fees
Zip 060	GRANBY, CT  Country  USA	Zip 29 06026	Coun	try USA	This corporation owes the current ye     Intangible Personal Property.	ar Yes	s No
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Regist	ered Agen	t
	• • •			81 Name			
CORPORATION SERVICE COMPANY				82 Street Ad	ddress (P.O. Box Number is Not Acceptable)		
1201 HAYS STREET TALLAHASSEE FL 32301				83			
			}	84 City	M. Hattitania	85	Zip Code
						<u>rl  </u>	
11. Pursuant	to the provisions of sections 607.0502	and 607.1508, Florida Statut	es, the abo	ve-named cor	poration submits this statement for the purpose ation's board of directors. I hereby accept the	of changin	ng its registered
agent. I a	am familiar with, and accept the obligati	ons of, section 607.0505, FI	orida Statu	tes.	ation's board of directors, thereby accept the	арролилог	it as registered
SIGNATURE							
OIOIT/TORE	Signature, typed or printed name of registered agent a	and title if applicable. (N	OTE: Registere	d Agent signature	required when reinstating) D	ATE	
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	PD	DELETE	1.1 TITL		PD	<b>1</b> 0	hange Addition
NAME	MILLER, F R		1.2 NAM	KE	TERRENCE P. McKENNA	9	3
STREET ADDRESS	246 SOBRANTE WAY		1.3 STR	EET ADDRESS	TKRIPES ROAD		ļì
CITY-ST-ZiP	ALBERTALE AL				7 K KINES KUAD	_	
TITLE	SUNNYVALE CA		1.4 CIT	/-ST-ZIP	EAST GRANDY, CT O	6026	) 5
	SUNNYVALE CA COBD	DELETE	1.4 CITO 2.1 TITL	E	EAST GRANDY, CT O	F c	hange Addition
- NAME	COBD	<b>☑</b> DELETE		E	EAST GRANDY, CT O	F c	hange Addition
NAME	COBD DAVENPORT, CHESTER	- \	2.1 TITL	E	EAST GRANDY, CT O	F c	hange Addition
STREET ADDRESS	COBD DAVENPORT, CHESTER 6903 ROCKLEDGE DR STE 214	- \	2.1 TITL 2.2 NAM 2.3 STR	E	EAST GRANDY, CT O	F c	hange Addition
STREET ADDRESS CITY-ST-ZIP	COBD -DAVENPORT, CHESTER 6903 ROCKLEDGE DR STE 214 BETHESDA MD	-	2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITO	E ME EET ADORESS (-ST-ZIP	EAST GRANDY, CT O VD DAVID J. ZANGEVIN 7 KRIPES ROAD EAST GRANDY, CT	T: 06026	
STREET ADDRESS CITY-ST-ZIP TITLE	COBD  - DAVENPORT, CHESTER  6903 ROCKLEDGE DR STE 214 BETHESDA MD  VT	- \	2.1 TITL 2.2 NAM 2.3 STRI 2.4 CITO 3.1 TITL	E ME EET ADORESS (-ST-ZIP E	EAST GRANGY, CT O VD DAVIS J. ZANGEVIN 7 KRIPES ROAD EAST GRANGY, CT L VST	F c	
STREET ADDRESS CITY-ST-ZIP TITLE NAME	COBD  - DAVENPORT, CHESTER  6903 ROCKLEDGE DR STE 214 BETHESDA MD  VT  MODI, RAJENDRA G	-	2.1 TITL 2.2 NAM 2.3 STRI 2.4 CIT 3.1 TITL 3.2 NAM	E  ME  EET ADDRESS  /-ST-ZIP  E	EAST GRANGY, CT O VD DAVIS J. ZANGEVIN 7 KRIPES ROAD EAST GRANGY, CT L VST SCOTT WAS LARGE	了。 16036 了。	hange Addition
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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.

SIGNATURE:

(860) 453-0081