PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

7 11 11 1	1998			ary of State CORPORATION	NS		•
	AACAIT 4	35340	(9)				
SOUTHE	EAST ELECTRICAL	. TESTING, INC.					
Principal Plac	e of Business	Mailir	ng Address				
5400-3 DIV ISIO	N DR	5400-3	DIVISION DR				
FT MYERS FL 33905 FT US US			ERS FL 33905			DO NOT W	RITE IN THIS SP ACE
00		03				3. Date incorporated or Qualific	ed
A B 3 3 3 3 3						09/03/1991	
3 59/	Place of Business	ctes Dr 26 "	ailing Address	F ASI	(2)	4. FÉI Númber	Applied For Not Applicable
Suite, Apt.	4 		uite, Apt. #, etc.	<i>y y y y</i>		65-0264492	\$8.75 Additional
22		27				5. Certificate of Status Desired	Fee Required
23 Fr	hyers PL	33903 28	ty & State			Election Campaign Financing Trust Fund Contribution	Added to Fees
Zip 3.3°	905 Country	() SA 29 Zi	þ	Country 30		 this corporation owes or has Personal Property Tax due J 	s paid the current year Intangible June 30. Ses No
	9. Name and Addre	ss of Current Register	ed Agent			10. Name and Address of New	
	PRENTICE-HALL CO		I, INC.	81 1	Vame T	Corp. Sust	ems
						ss (P.O. Bex Number is Not Accer	ptable) to In I
IALI	LAHA S SEE FL 32301			83	140	0 000/6 1163	c us jua. Fo
				84 C	ith I _		85 Zin Code
***					Ma	1 ta flas.	FL 33324
office or	registered agent, or both	i, in the State of Florida.	Such change was	authorized by the	med corpora a corporation	tion submits thi s s tatement for the n's board of directors. I hereby acc	purpose of ch ang ing its registered cept the appointment as registered
agent. I	am familiar with, and acc	ept the obligations of, si	ection 607.0505, F	iorida Statutes.			
		of registered agent and title if app		IOTE: Registered Agent	t signature require		DATE
12.	P	FFICERS AND DIRECT	- M-	13.	70	ADDITIONS/CHANGES TO C	OFFICERS AND DIRECTORS IN 12 Change Addition
NAME	BLAKE, LARRY		LXOELETE	1.2 NAME	10	Moore	Change
STREET ADDRESS	26231 SWALLOW A	VENUE		1.3 STREET ADD	RESS 132	O El Copita Dr	11.53
CITY-ST-ZIP	PORT CHARLOTTE			1.4 CITY-ST-ZIP	\Box D α	wille CA- 7	45 66
TITLE	SD		[X €ELETE	2.1 TITLE	U	p Marillan	Change
NAME STREET ADDRESS	LUSSIER, PATRICIA	. Н.		2.2 NAME	Mik	ct Molloy	+
CITY-ST-ZIP	24 R obin Lane Kil <u>ingwor</u> th Ct			2.3 STREET ADD 2.4 City-St-Zip	IRESS (S)	ow Florissat	63136
TITLE	Talanta Transcription		DELETE	3.1 TITLE	10	ρ	Change Addition
NAME				3.2 NAME	1710	1 Barato 15	
STREET ADDRESS				3.3 STREET ADD	(5.4	11 Courtry Lake	Dr. Got
CITY-ST-ZIP TITLE				3.4 CITY-ST-ZIP 4.1 TITLE	-	t byels th	35/0
NAME			☐ DELETE	4.2 NAME	18	I Lodder	Change Addition
STREET ADDRESS				4.3 STREET ADD	RESS 137	O El Capital	D-
CITY-ST-ZIP				4,4 CITY-ST-ZIP	. Da	South CAF 94.	326
TITLE			DELETE	5.1 TITLE	Ca	rl & Baver A	Change Addition
NAME				5.2 NAME	QB	100 W Florissan	<i>k</i>
STREET ADDRESS CITY-ST-ZIP				5.3 STREET ADD 5.4 City-ST-Zip	10.3	lans NO LA	131
TITLE	<u> </u>	,	DELETE	6.1 TITLE		19 00	Change Addition
NAME	1		<u></u>	6.2 NAME	Ì		- Autura 1-1 Managali
STREET ADDRESS	í			6.3 STREET ADD	RESS		
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 leport 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 tripsies employaged to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 inchanged, or on an attachment with an order of the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver for the receiver of the rec