

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

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90131 002 \*\*\*150.00

0326836

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P93000009191**

1. Corporation Name  
**DOWN UNDER TANK TESTING OF FLORIDA, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 2062 VISTA DR  
 SUITE 103  
 N PALM BEACH FL 33408  
 US

Mailing Address  
 2062 VISTA DR  
 SUITE 103  
 N PALM BEACH FL 33408  
 US

3. Date Incorporated or Qualified  
**02/05/1993**

2. Principal Place of Business  
 21 **2581 JUPITER PARK DR.**

2a. Mailing Address  
 26 **2581 JUPITER PARK DR.**

4. FEI Number  
**65-0387751**

Applied For  
 Not Applicable

Suite/Apt. #, etc.  
 22 **F7**

Suite/Apt. #, etc.  
 27 **F7**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
 23 **JUPITER FL**

City & State  
 28 **JUPITER FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
 24 **33458** 25 **USA**

Zip Country  
 29 **33458** 30 **USA**

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**COOKE, BRIAN J**  
**515 NORTH FLAGLER DR.**  
**SUITE 600**  
**W PALM BEACH FL 33401**

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City **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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>GRECO, FRANCINE</b>	1.2 NAME	
STREET ADDRESS	<b>2062 VISTA DRIVE</b>	1.3 STREET ADDRESS	<b>2581 JUPITER PARK DRIVE - F7</b>
CITY-ST-ZIP	<b>N PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JANOTTA, WILLIAM E.</b>	2.2 NAME	
STREET ADDRESS	<b>2062 VISTA DR.</b>	2.3 STREET ADDRESS	<b>2581 JUPITER PARK DRIVE - F7</b>
CITY-ST-ZIP	<b>N. PALM BCH. FL</b>	2.4 CITY-ST-ZIP	<b>JUPITER FL 33458</b>
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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	<input type="checkbox"/> DELETE	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)(l), 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: *Francine Greco* **FRANCINE GRECO - President** 561 748-9577 1/7/99  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)