

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000029805 (7)

1. Corporation Name

TESTWELL CRAIG LABORATORIES & CONSULTANTS, INC.



Principal Place of Business

7104 N.W. 51ST STREET
MIAMI FL 33166

Mailing Address

7104 N.W. 51ST STREET
MIAMI FL 33166

3. Date Incorporated or Qualified: 04/23/1993
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 3731 SW 47 AVE

26 3731 SW 47 AVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 401, SUITE

27 SUITE # 401

City & State

City & State

23 DAVIE, FLORIDA

28 DAVIE, FLORIDA

Zip

Country

Zip

Country

24 33314

25 U.S.A.

29 33314

30 U.S.A.

4. FEI Number: 65-0405416

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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OLDAKER, ALFRED E V
7104 N.W. 51ST STREET
MIAMI FL 33166

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 607.1506, 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

Alfred E. Oldaker
ALFRED E. OLDAKER

5-16-96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92

TITLE	D	<input type="checkbox"/> DELETE
NAME	OLDAKER, ALFRED E	
STREET ADDRESS	7104 N.W. 51ST ST.	
CITY - ST - ZIP	MIAMI FL 33166	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PORCELLO, ANTHONY G	
STREET ADDRESS	7104 NW 51ST CT	
CITY - ST - ZIP	MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	PETERSON, EDWARD	
STREET ADDRESS	50 BART DR	
CITY - ST - ZIP	POUGHKEEPSIE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.2 STREET ADDRESS	
1.3 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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: *Alfred E. Oldaker*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5-16-96 954-584-4475

CR2E034 (12/95)