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FILED
May 13 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **P93000029805 (7)**

1. Corporation Name

TESTWELL CRAIG LABORATORIES & CONSULTANTS, INC.



Principal Place of Business

**3731 SW 47 AVE
401 SUITE
DAVIE FL 33314
US**

Mailing Address

**3731 SW 47 AVE
SUITE #401
DAVIE FL 33314-2800
US**

3. Date Incorporated or Qualified
04/23/1993

3a. Date of Last Report
05/21/1996

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

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

**OLDAKER, ALFRED E V
7104 N.W. 51ST STREET
MIAMI FL 33186**

10. Name and Address of New Registered Agent

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

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 **D** ☐ DELETE
NAME **OLDAKER, ALFRED E**
STREET ADDRESS **7104 N.W. 51ST ST.**
CITY-ST-ZIP **MIAMI FL 33186**

TITLE **D** ☐ DELETE
NAME **PORCELLO, ANTHONY G**
STREET ADDRESS **7104 NW 51ST CT**
CITY-ST-ZIP **MIAMI FL**

TITLE **D** ☐ DELETE
NAME **PETERSON, EDWARD**
STREET ADDRESS **50 BART DR**
CITY-ST-ZIP **POUGHKEEPSIE NY**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE **Director** ☒ Change ☐ Addition
12 NAME **Oldaker, Alfred E.**
13 STREET ADDRESS **3731 S.W. 47th Avenue, #401**
14 CITY-ST-ZIP **Davie, Florida 33314**

21 TITLE **Director** ☒ Change ☐ Addition
22 NAME **Porcello, Anthony G.**
23 STREET ADDRESS **3731 S.W. 47th Avenue, #401**
24 CITY-ST-ZIP **Davie, Florida 33314**

31 TITLE **Director** ☒ Change ☐ Addition
32 NAME **Peterson, Edward L.**
33 STREET ADDRESS **400 East 56th Street, Apt#28H**
34 CITY-ST-ZIP **New York, N.Y. 10022**

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do 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

Alfred E. Oldaker

4-29-97 (954)584-4475

CR2E034 (9/96)