

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

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
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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
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified 04/23/1993	3a. Date of Last Report 05/21/1996
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0405416	Applied For <input type="checkbox"/> Not Applicable
22 City & State	27 City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 Zip Country	28 Zip Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	29	30	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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 33186		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 re-registering) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	11 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OLDAKER, ALFRED E	12 NAME	Oldaker, Alfred E.
STREET ADDRESS	7104 N.W. 51ST ST.	13 STREET ADDRESS	3731 S.W. 47th Avenue, #401
CITY-ST-ZIP	MIAMI FL 33186	14 CITY-ST-ZIP	Davie, Florida 33314
TITLE	D <input type="checkbox"/> DELETE	21 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORCELLO, ANTHONY G	22 NAME	Porcello, Anthony G.
STREET ADDRESS	7104 NW 51ST CT	23 STREET ADDRESS	3731 S.W. 47th Avenue, #401
CITY-ST-ZIP	MIAMI FL	24 CITY-ST-ZIP	Davie, Florida 33314
TITLE	D <input type="checkbox"/> DELETE	31 TITLE	Director <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PETERSON, EDWARD	32 NAME	Peterson, Edward L.
STREET ADDRESS	50 BART DR	33 STREET ADDRESS	400 East 56th Street, Apt#28H
CITY-ST-ZIP	POUGHKEEPSIE NY	34 CITY-ST-ZIP	New York, N.Y. 10022
TITLE	<input type="checkbox"/> DELETE	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		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)