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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000038481 (6)

1. Corporation Name

A. M. ENGINEERING AND TESTING, INC.



Principal Place of Business

Mailing Address

450 SOUTH OLD DIXIE HIGHWAY
SUITE 2
JUPITER FL 33458

450 SOUTH OLD DIXIE HIGHWAY
SUITE 2
JUPITER FL 33458

2. Principal Place of Business

2a. Mailing Address

21 450 So. Old Dixie Hwy

26 450 So. Old Dixie Hwy

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 2

27 Suite 2

City & State

City & State

23 Jupiter, FL

28 Jupiter, FL

24 Zip 33458

Country

25 USA

29 Zip 33458

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MACALUSO, ANTHONY
450 SO OLD DIXIE HWY
STE - 2
JUPITER FL 33458

81 Name

Same as

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, 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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MACALUSO, ANTHONY JR
STREET ADDRESS 450 S. OLD DIXIE HIGHWAY, SUITE 2
CITY-ST-ZIP JUPITER FL 33458

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE SD
NAME MARTIN, PAUL C
STREET ADDRESS 450 S. OLD DIXIE HIGHWAY, SUITE 2
CITY-ST-ZIP JUPITER FL 33458

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE V
NAME RICHARDO, BOYETTE
STREET ADDRESS 450 S OLD DIXIE HWY STE 2
CITY-ST-ZIP JUPITER FL

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
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)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PAUL C MARTIN

4/25/96

(407) 745-1060

CR2E034 (12/95)