

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

FILED
Apr 21 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 # P93000058464 (7)

1. Corporation Name
A M TESTING, INC.

Principal Place of Business
1421 LIME STREET
CLEARWATER FL 34616

Mailing Address
1421 LIME STREET
CLEARWATER FL 34616-3510



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/20/1993		3a. Date of Last Report 03/28/1996	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3197782		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input checked="" type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Country		29 Country		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

LANGLEY, ANN M
1421 LIME STREET
CLEARWATER FL 34616

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 *Ann Marie Langley* Ann Marie Langley 4-14-97
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	D	<input checked="" type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGLEY, ANN M			1.2 NAME			
STREET ADDRESS	1421 LIME STREET			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34616			1.4 CITY-ST-ZIP			
TITLE	D	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGLEY, JAMES E			2.2 NAME			
STREET ADDRESS	1421 LIME STREET			2.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL 34616			2.4 CITY-ST-ZIP			
TITLE	PTD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGLEY, ANN MARIE			3.2 NAME			
STREET ADDRESS	1421 LIME STREET			3.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			3.4 CITY-ST-ZIP			
TITLE	VSD	<input type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LANGLEY, JAMES E.			4.2 NAME			
STREET ADDRESS	1421 LIME STREET			4.3 STREET ADDRESS			
CITY-ST-ZIP	CLEARWATER FL			4.4 CITY-ST-ZIP			
TITLE	V	<input checked="" type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	LEDIE, KEVIN			5.2 NAME			
STREET ADDRESS	111 VILLAGE GREEN AVE			5.3 STREET ADDRESS			
CITY-ST-ZIP	SEMINOLE FL			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 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 *Ann Marie Langley* Ann Marie Langley 4-14-97 813-447-7255

CR2E034 (9/96)