

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

FILED  
May 08 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 # P94000024457 (1)

1. Corporation Name  
PURITY ENVIRONMENTAL TESTING, INC.



Principal Place of Business 3001 CORPOREX DRIVE SUITE 205 TAMPA FL 33619 US	Mailing Address 3001 CORPOREX PARK DRIVE SUITE 205 TAMPA FL 33619-1136 US
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2. Principal Place of Business 21 9901 ALAMBRA AVE. Suite, Apt. #, etc. 22 City & State 23 TAMPA, FL Zip Country 24 33619 25	2a. Mailing Address 26 9901 ALAMBRA AVE Suite, Apt. #, etc. 27 City & State 28 TAMPA, FL Zip Country 29 33619 30
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3. Date Incorporated or Qualified 03/24/1994	3a. Date of Last Report 05/17/1996
4. FEI Number 59-3239376	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent TAUBE, FREDERICK W 3001 CORPOREX PARK DRIVE SUITE 205 TAMPA FL 33619	
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10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	9901 ALAMBRA AVE
83	
84 City	TAMPA
85 FL	Zip Code 33619

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	PSTD
NAME	TAUBE, FREDERICK W
STREET ADDRESS	3001 CORPOREX DRIVE SUITE 205
CITY-ST-ZIP	TAMPA FL
TITLE	VPD
NAME	WARD, KENT R
STREET ADDRESS	3001 CORPOREX DRIVE SUITE 205
CITY-ST-ZIP	TAMPA FL
TITLE	VPD
NAME	HORNER, DENNIS G
STREET ADDRESS	3001 CORPOREX DRIVE SUITE 205
CITY-ST-ZIP	TAMPA FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	9901 ALAMBRA AVE
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	9901 ALAMBRA AVE
2.4 CITY-ST-ZIP	
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	9901 ALAMBRA AVE
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 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: DENNIS HORNER 2/12/97 (013) 664-0102

CR2E034 (9/96)