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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P94000053905 (3) DOCUMENT #
1. Corporation Name

PROMOTION TEST SPECIALISTS, INC.

Principal Place of Business Mailing Address 1320 SPRING LITE WAY 1320 SPRING LITE WAY ORLANDO FL 32825 ORLANDO FL 32625

FILED May 19 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/19/1994 Applied For 2. Principal Place of Business 2a. Mailing Address 59-3299515 Not Applicable Suite, Apt. #, etc. \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required \$5.00 May Be City & State City & State 6. Election Campaign Financing X Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes or has paid the current year Intangible Ζip Z(p)Country Personal Property Tax due June 30. X Yes 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name MARINE, ANTHONY 1320 SPRING LITE WAY Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32825 83 City Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statules, 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, 1 am familiar with, and accept the obligations of, Section 607.0506, Florida Statules. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOT: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change 1.1 TITLE TITLE MARINE, ANTHONY 12 NAME NAME 1320 SPRING LITE WAY 1.3 STREET ADDRESS STREET ADDRESS ORLANDO FL 32825 1.4 CI3Y - S3 - ZIP CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - S1 - ZIP CITY-ST-ZIP DELETE Change Addition 3.1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3 4. CITY - ST - ZIP CITY-ST-ZIP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME STREET ADDRESS 4 3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-\$1-ZIP Change Addition DELETE 5 1 TITLE TITLE 5 2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP

14. Thereby 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 roport 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 that an address.

5-1-98