

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000082051 (1)

1. Corporation Name

VTC TESTING SYSTEMS, INC.



Principal Place of Business

23172-82 SANDALFOOT PLAZA DRIVE
BOCA RATON FL 33428

Mailing Address

23172-82 SANDALFOOT PLAZA DRIVE
BOCA RATON FL 33428

3. Date Incorporated or Qualified
11/07/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

21 5701 N.W. PINE ISLAND

Suite, Apt. #, etc.

22 # 240

City & State

23 TAMARAC

Zip

24 33321

Country

25 USA

2a. Mailing Address

26 5701 N.W. PINE ISLAND

Suite, Apt. #, etc.

27 # 240

City & State

28 TAMARAC

Zip

29 33321

Country

30 USA

4. FEI Number
65-0538407

Applied For
Not Applicable

5. Certificate of Status Desired

X

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

□

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

□ Yes

X No

10. Name and Address of New Registered Agent

ELLSWORTH, GILBERT N
23172 SANDALFOOT PLAZA DRIVE
BOCA RATON FL 33428

81 Name ELLSWORTH, GILBERT N.

82 Street Address (P.O. Box Number is Not Acceptable)
5701 N.W. PINE ISLAND RD.

83 SUITE # 240

84 City TAMARAC

FL

85 Zip Code 33321

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Gilbert N. Ellsworth*

GILBERT N. ELLSWORTH

7/29/96

Signature typed or printed name of registered agent and the corporation

(If 31b Registered Agent's signature appears when registering)

Date

12. OFFICERS AND DIRECTORS

TITLE PSD
NAME ELLSWORTH, GILBERT N
STREET ADDRESS 3227 PORT ROYALE DR #C
CITY-ST-ZIP FT LAUDERDALE FL 33308

□ DELETE

TITLE VTD
NAME FIELD, DENISE B
STREET ADDRESS 875 NW 108 LANE
CITY-ST-ZIP CORAL SPRINGS FL 33071

□ DELETE

TITLE VD
NAME LAWRENCE, ROBERT
STREET ADDRESS 713 SUNSET ROAD
CITY-ST-ZIP WEST PALM BEACH FL 33401

X DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

□ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PSD
1.2 NAME ELLSWORTH, GILBERT
1.3 STREET ADDRESS 3227 S. PORT ROYALE DR. # D
1.4 CITY-ST-ZIP FT LAUDERDALE, FL 33308

X Change □ Addition

2.1 TITLE VTD
2.2 NAME BRANSFIELD, DENISE (CORRECT)
2.3 STREET ADDRESS 875 NW 108 LANE
2.4 CITY-ST-ZIP CORAL SPRINGS, FL 33071

X Change □ Addition

3.1 TITLE DIR.
3.2 NAME SUSAN GERACI
3.3 STREET ADDRESS 5301 S.W. 35th CT.
3.4 CITY-ST-ZIP FT. LAUDERDALE, FL 33314

□ Change X Addition

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

□ Change □ Addition

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

□ Change □ Addition

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

□ Change □ Addition

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 *Gilbert N. Ellsworth*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/29/96 407/852-4303
Telephone #

CR2E034 (12/95)