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 # P95000005626 (3)

1. Corporation Name
THE ASSESSMENT TEAM, INC.

Principal Place of Business
10963 BOSTON DRIVE
COOPER CITY FL 33026-4938

Mailing Address
10963 BOSTON DRIVE
COOPER CITY FL 33026-4938

3. Date Incorporated or Qualified: 01/23/1995
3a. Date of Last Report: N/A

2. Principal Place of Business	2a. Mailing Address
21 9970 STIRLING RD.	26 9970 STIRLING RD.
Suite, Apt #, etc: 22 SUITE 107	Suite, Apt. #, etc: 27 SUITE 107
City & State: 23 COOPER CITY, FLORIDA	City & State: 28 COOPER CITY, FLORIDA
Zip: 24 33024-8040 Country: 25 USA	Zip: 29 33024-8040 Country: 30 USA

4. FEI Number: 65-0557355 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — **$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 ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: DAVID A. LUSTIG
82 Street Address (P.O. Box Number is Not Acceptable): 9970 STIRLING RD., SUITE 107
83
84 City: COOPER CITY FL 85 Zip Code: 33024-8040

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: David A. Lustig — Date: 4/26/96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P ☐ DELETE	1 1 TITLE	P/S/D ☒ Change ☐ Addition
NAME	SILVERMAN, MARVIN DR.	1 2 NAME	
STREET ADDRESS	10963 BOSTON DRIVE	1 3 STREET ADDRESS	9970 STIRLING RD. SUITE 107
CITY-ST-ZIP	COOPER CITY FL 33026-4938	1 4 CITY-ST-ZIP	COOPER CITY, FL 33024-8040
TITLE	☐ DELETE	2 1 TITLE	V/T/D. ☐ Change ☒ Addition
NAME		2 2 NAME	LUSTIG, DAVID A. DR.
STREET ADDRESS		2 3 STREET ADDRESS	9970 STIRLING RD. SUITE 107
CITY-ST-ZIP		2 4 CITY-ST-ZIP	COOPER CITY, FL 33024-8040
TITLE	☐ DELETE	3 1 TITLE	☐ Change ☐ Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE	☐ DELETE	4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE	☐ DELETE	5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE	☐ DELETE	6 1 TITLE	☐ Change ☐ 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 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: David A. Lustig DAVID A. LUSTIG — 4/26/96 — (954) 436-8326

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)