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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000077600 (1)

ASSESSMENT TECHNOLOGIES GROUP, INC.

Principal Place of Business Mailing Address							I 10011001 110 tatah atun anus ansa ansa		INDIA BILLIA ABILI	30 11 1081	
249 COREY AVE ST. PETE BEAC	BOX 274091 PA FL 33688-4091										
								3. Date Incorporated or Qualified 09/29/1995		ate of Last Re 18/1996	eporl
2. Principal Pla	ace of Business	28.	Mailing Address					4. FEI Number		Ap	plied For
21 6611	whitenessara Wa	√ 26						NOT APPLICABLE			t Applicable
Suile, Apt. #, etc			Suite, Apt. #, etc.					6. Certificate of Status Desired Fee Required			quired
City & State	ity & State				6. Election Campaign Financing \$5.00 May Be						
23) TO(11)	· · · · · · · · · · · · · · · · ·	28	7	T 0-				Trust Fund Contribution		Added 1	
Zip Country 24 336.66 25			Zip		Country			8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No			
24 33567	9. Name and Address of Curr		29 3		101			Florida Statutes			
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	ALIS, GEORGE A					_					
	WILLIAMSBURG WAY PA FL 33625				82 5		treet Addre	Address (P.O. Box Number is Not Acceptable)			
IAMI	FA FL 33023				83	+		- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4- 4-			
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					84	c	ity		FL	85 Zip (Jode .
office or ri agent Lai SIGNATURE	egistered agent, or both, in the Sta m familiar with, and accept the obt	ite of Florid ligations of	la. Such change was , Section 607.0505, I	s authoriz Florida St	ed by alute:	y the	e corporation	oration submits this statement for the gon's board of directors. I hereby accelling the state of the golden state of the golde	pt the app	oointment as	registered
12.	Signature, typied or printed name of registered a OFFICERS A			13		erit si	griacure require	ADDITIONS/CHANGES TO OFFI		D DIRECTOR	RS IN 12
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NAME	MEZALIS, GEORGE A			1.2	NAME						
STREET ADORESS	6011 WILLIAMSBURG WAY			1.3	STREET	T ADD	DRESS				
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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 of the receiver or prefer empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if chapted or on an attachment with an address.

SIGNATURE:

MATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECT

3/90/21

<u>(813) 908-1480</u>

FILED

Apr 16 1997 8:00am

Secretary of State

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