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Apr 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # P96000030400

1. Corporation Name
ADVANCED TESTING LABORATORIES OF FLORIDA, INC.

Principal Place of Business	Mailing Address
110 E. Broadway Street Oviedo FL 32765	P.O. BOX 622497 Oviedo FL 32762

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 4/4/96

2. Principal Place of Business	2a. Mailing Address
21 110 E. Broadway St.	26 P.O. BOX 622497
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 Oviedo FL	28 Oviedo FL
24 Zip 32765 25 Country USA	29 Zip 32762 30 Country USA

4. FEI Number: 65-0666199 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. XX Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARKS, ROBERT O ESQ. 200 E. ROBINSON ST., SUITE 865 ORLANDO, FL 32801	81 Name: Ravindra Mehta 82 Street Address (P.O. Box Number is Not Acceptable): 110 E. Broadway Street 83 84 City: Oviedo FL 85 Zip Code: 32765

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: Ravindra V. Mehta (NOTE: Registered Agent signature required when reinstating) DATE: 4/22/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT/DIRECTOR RAVINDRA MEHTA 9409 KERR CT. ORLANDO, FL 32817 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	CORPORATE SECRETARY RAVINDRA MEHTA XX Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	TREASURER RAVINDRA MEHTA ☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VICE PRESIDENT RAJENDRA PATEL 5105 PINETOP PLACE ORLANDO, FL 32819 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	VICE PRESIDENT MICHAEL FUNK 2425 MILLS CREEK ROAD CHULUOTA, FL 32766 ☐ Change XX Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

4/24

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CR2E034 (10/97)

14. I 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: RAVINDRA MEHTA Ravindra V Mehta 3/2/98 407/977-1005
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
407/651-6662