


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

FILED  
Jun 18 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000034101 (1)

1. Corporation Name  
AMERICAN TESTING CENTERS, INC

Principal Place of Business  
6309 CORPORATE COURT  
FT MYERS FL 33919

Mailing Address  
6309 CORPORATE COURT  
FT MYERS FL 33919-3538



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/16/1996		3a. Date of Last Report	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0657245		Applied For Not Applicable	
23	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
24	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
25	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

KEMNITZER/ANGELINA  
169 CROWN DR  
NAPLES FL 33942

10. Name and Address of New Registered Agent

81 Name  
NICHOLAS FERRARA  
82 Street Address (P.O. Box Number is Not Acceptable)  
4949 TAMiami TRL N STE 103  
83  
84 City  
NAPLES FL  
85 Zip Code  
34103

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  5-27-97  
(NOTE: Registered Agent signature required when re-instating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		1.2 NAME	DIRECTOR D
STREET ADDRESS		1.3 STREET ADDRESS	NICHOLAS FERRARA
CITY-ST-ZIP		1.4 CITY-ST-ZIP	4949 TAMiami TRL N STE 103
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	DIRECTOR D
STREET ADDRESS		2.3 STREET ADDRESS	CATHERINE PETITO
CITY-ST-ZIP		2.4 CITY-ST-ZIP	4949 TAMiami TRL N STE 103
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	DIRECTOR D
STREET ADDRESS		3.3 STREET ADDRESS	JOSEPH DOSCHER
CITY-ST-ZIP		3.4 CITY-ST-ZIP	4949 TAMiami TRL N STE 103
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 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  5-27-97

CR2E034 (9/96)