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Apr 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000039037 (2)

1. Corporation Name

TRANSMISSION DIAGNOSTICS, INC.

Principal Place of Business

11248 ANDY DRIVE  
RIVERVIEW FL 33569

Mailing Address

11248 ANDY DRIVE  
RIVERVIEW FL 33569-5553

3. Date Incorporated or Qualified

05/03/1996

3a. Date of Last Report

2. Principal Place of Business

21 901 W BRANDON BLVD.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Suite D

27 Suite, Apt. #, etc.

23 BRANDON, FL

28 City & State

24 33511

29 Zip

25 Country

30 Country

4. FEI Number

59-8376381

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

BEKRICH, LAURA  
11248 ANDY DRIVE  
RIVERVIEW FL 33569

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE PD  
NAME BEKRICH, MILAN  
STREET ADDRESS 11248 ANDY DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

☐ DELETE

TITLE STD  
NAME BEKRICH, LAURA  
STREET ADDRESS 11248 ANDY DRIVE  
CITY-ST-ZIP RIVERVIEW FL 33569

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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CITY-ST-ZIP

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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 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:

*Laura Lee Bekrich* LAURA LEE BEKRICH 3/13/97 643-9403  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)