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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

FILED May 19 1997 8:00am Secretary of State

	1997	Strible vol.			٦.	
	MENT # P96000 A TESTING OF DAYTONA, I	0040392 (8) INC.		1 (000)(63) ((0 (0))(8 a)()(00)(1 00)(1 00)(1	(1)	NI n II n Ipo i
Principal Plac	e of E usiness	Mailing Address				
1197 VALLEY) DELAND FL 32	VIEW LANE	1137 VALLEY VIEW LANE DELAND EL 32720-2385				
				3. Date incorporated or Qualified 05/10/1996	3a. Date of Last I	Report
2. Principal P	Place of Business Z Shalick Rd	2a. Mailing Address 26 P.O. Box U	.33	4. FET Number 59-3379254		pplied For lot Applicable
Sulte, Apt 22		Suite, Apt. #, etc.		5. Certificate of Status Desired	Føe F	Additional lequired
City & State	. / i 🖘 i	28 DeLand	FL	Election Campaign Financing Trust Fund Contribution	Added	May Be to Fees
243°276	25 9. Name and Address of Curren	20 32721-06330		This corporation has liability for Florida Statutes Name and Address of New Ro	Yes No	s. 199.032,
343	ERILAWYER CHARTERED ALMERIA AVENUE RAL GABLES FL 33134		81 Name N 82 Street And 83 Sw 84 City	MURRAY A. OET TINT Repid Dr.		Code
SIGNATURE	Signature, typed or printed name of seal. lered ago	ont and tille d applicable (NOTE: Re	gistered Agent signature requ		DATE	
12.	OFFICERS AND	D DIRECTORS DELETE	13.	ADDITIONS/CHANGES TO OFFI		RS IN 12 Addition
TITLE	PD	D bereie	1.1 TITLE		Change	L_] AUGIIION
NAME	OETH, MURRAY A JR.		1.2 NAME			ļ
STREET ADDRESS	1137 VALLEY VIEW LANE		1 3 STHEFT ADDRESS			
CITY-ST-ZIP TITLE	DELAND FL 32720-2365 VD	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change	Addition
NAME	TUGGLE, JOHN E		2.2 NAME		_ •···· •	
STREET ADDRESS	1137 VALLEY VIEW LANE		2.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720-2365	1	2. 4 CITY-ST-ZIP			
TITLE	STD	☐ DELETE	3.1 TITLE		☐ Change	Addition
NAME	OETH, MARIE T		3.2 NAME			
STREET ADDRESS	1137 VALLEY VIEW LANE	·	3.3 STREET ADDRESS			
CITY-ST-ZIP	DELAND FL 32720-2365	DELETE	34 CITY-S1-ZIP		Change	Addition
TITLE	1	T. LYTTE AT	4 1 TITLE		crange	L_3 Xoonlon
NAME STREET ADDRESS			4 2 NAME 4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - S1 - ZIP			
TITLE	<u> </u>	☐ DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS	ļ	Į	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 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.

4-14.97 4047244038