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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P96000048406

1. Corporation Name

SPECTRUM DX TESTING, INC.

Principal Place	e of Business	Mailing Address			f 1001;1001 itm imila milit maitt matti mat	is Billet Billio raist dibit b	411 F 1 121 (11 11
1071 PT MALAE	BAR BLVD	3705 EAGLE WY			· ·		
STE 106		MELBOURNE FL 32934			DO NOT WRITE IN THIS SPACE		
PALM BAY FL : US	32905	US			3. Date Incorporated or Qualifed	77.10 01 7.02	
					06/06/1996		
2. Principal P	ace of Business	2a. Mailing Address			4. FEI Number	App	lied For
21	add of Baomado	26 1071 PORT M	MAAM	ه سط	59-3384363	<u> </u>	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75 A	dditional
22		27 Suite 101	L		5. Certifcate of Status Desired	Fee Rec	quired
City & State	9	City & State	_		6. Election Campaign Financing	\$5.00 t	May Be
23		28 Yaun Bay	. A.		Trust Fund Contribution	Added to	Fees
Zip	Country	Zip	Country		8. This corporation owes the current ye		
24	25	29 32905	30 U	<u>54</u>	Personal Property Tax.		□No
	9. Name and Address of Curren	t Registered Agent		т	10. Name and Address of New Regis	tered Agent	
MAN	CHIA IOUN D		81	Name			
	CILIA, JOHN R		82	Street Ad	Idress (P.O. Box Number is Not Acceptable)		
	W HIBISCUS BLVD						
MEL	BOURNE FL 32901		83	3			
			84	City	·····	85 Zip C	ode
				1		FL	
				J			
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the abov	re-named co	rporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its r	egistered istered
office or re	to the provisions of Sections 607.050; egistered agent, or both, in the State in familiar with, and accept the obligat	of Florida. Such change was au	thorized by	the corpora	rporation submits this statement for the purporation's board of directors. I hereby accept the	ose of changing its r appointment as reg	egistered istered
office or re	egistered agent, or both, in the State on the manager in the obligation of the oblig	of Florida. Such change was au tions of, Section 607.0505, Flori	thorized by da Statutes	the corpora	ation's board of directors. I hereby accept the	appointment as reg	registered istered
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office or reagent. I at SIGNATURE 12. TITLE NAME	egistered agent, or both, in the State on familiar with, and accept the obligate Signature, typed or printed name of registered agen OFFICERS AN PS BROWN, ROBERT J	of Florida. Such change was au tions of, Section 607.0505, Flori at and title if applicable. (NOTE.)	Registered Age 13. 1.1 TITLE 1.2 NAME	of the corporal	irred when reinstating) ADDITIONS/CHANGES TO OFFICE	ATE RS AND DIRECTOR	RS IN 12
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: _

CITY-ST-ZIP

SIGNATURE AND TYPED OR SIGNATURE OF SIGNING OFFICER OR DIRECTOR

407-722-0222