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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000089696 (4)

SOUTHERN TESTING SERVICES. INC. Principal Place of Business Mailing Address P.O. BOX 41067 6266 1ST AVE. S.. #24 ST. PETE FL 33743-1087 ST. PETE FL 33707 3. Date Incorporated or Qualified 3a. Date of Last Report 10/29/1996 2a. Mailing Address 2. Principal Place of Business 4. FEI Number Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite. Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 \Box 28 Trust Fund Contribution Added to Fees Country This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes
 No Ζip Country Žin 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 GAUTHIER, TARA 6266 1ST AVE. S., #24 82 Street Address (P.O. Box Number is Not Acceptable) ST. PETE FL 33707 83 84 City 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, type tinciprinted name of registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. P, UP, Sec, TR DELETE
TARA CANTHER CZKISS ST.
ST Pete, FeA 33 707 Change TITLE 1.1 TITLE 1.2 NAME NAME 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP CITY-ST-7IP 2.1 TITLE TITLE 22 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CHY-\$1-20 DELETE Change Addition 3.1 TITLE 1171.6 3 2 NAME NAM: 33 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CITY-ST-Ziff DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY-SI-7F 4.4 CITY-ST-ZIP ☐ Change DELETE Addition 5.1 TITLE TITLE NAME 5.2 NAME 5.3 STREET ADDRESS STREEL ADDRESS 5.4 CITY - ST-ZIP CITY-S1-ZIP ☐ Change ___ Addition DELETE 61 TITLE TOTALE NAME 6.2 NAME STREET ADDRESS **6.3 STREET ADDRESS** CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filling 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 cath; 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 03 if changed, or in bin attachinger, with an address.

SIGNATURE:

MULTINE OF SIGNING OFFICER OR DIRECTOR

March 24, 1997

FILED

Apr 02 1997 8:00am

Secretary of State

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