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

Mailing Address

UNIT 8-A JUPITER FL 33458

407 COMMERCE WAY

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000091197

1. Corporation Name

EXAMS R US, INC.

Principal Place of Business 407 COMMERCE WAY

UNIT 8-A

JUPITER FL 33458

								Date Incorporated or Qualifed		
	_							11/01/1996		
2. Principal Place of Business				2a. Mailing Address				4. FEJ Number Applied For		
21				26				65-0706861 Not Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certificate of Status Desired		
City & State			28	City & State				6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees		
23 Zip	Country			Zip Cour				8. This corporation owes the current year Intangible		
24	í	25	29	·	30	ה <u>י</u>		Personal Property Tax.		
9. Name and Address of Current				L			10. Name and Address of New Registered Agent			
						81	Name	ne		
	eland, Jo						82 Street Address (P.O. Box Number is Not Acceptable)			
407 COMMERCE WAY							Guider Address (F.O. Dox Mulliper is Not Acceptable)			
UNIT 8-A						83				
Jupiter Fl 33458								Total 2'm Code		
					84	Cíty	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 agen	and title i	if applicable	(NOTE: Re	gistered Agen	t signatur	ure required when reinstating) DATE		
12.		OFFICERS AN	DIRE	CTORS		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD			☐ Di	LETE	1.1 TITLE		☐ Change ☐ Addition		
NAME	MORELA	ND, THERESA M				1.2 NAME				
STREET ADDRESS	158 HAM	PTON PLACE				1.3 STREET	ADORES	ESS		
CITY-ST-ZIP	JUPITER FL 33458			1.4		1.4 CITY-S	r-zip			
TITLE	STD	·		[] DI	ELETE	2.1 TITLE		Change Addition		
NAME	MORELAI	ND, JOHN R III				2.2 NAME				
STREET ADDRESS		PTON PLACE				2.3 STREET	ADDRES	ESS		
CITY-ST-ZIP		FL 33458				2. 4 C/TY-S	T-21P			
TITLE		<u></u>		☐ D	ELETE	3.1 TITLE		☐ Change ☐ Addition		
NAME						3.2 NAME				
STREET ADDRESS					l	3.3 STREET	ADDRES	ESS		
CITY-ST-ZIP					ı	3.4. CITY-5	T-ZIP			
TITLE				☐ D	ELETE	4.1 TITLE		Change Addition		
NAME						4. 2 NAME				
STREET ADDRESS						4.3 STREET	ADDRES	ESS		
CITY-ST-ZIP						4.4 CITY-S	T-ZIP			
TITLE				O []	ELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME						5.2 NAME				
STREET ADDRESS)					5.3 STREE	TADORES	ESS		
CITY-ST-ZIP)					5.4 CITY-S	T-ZIP			
TITLE				<u> </u>	ELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME						6.2 NAME				
STREET ADDRESS						6.3 STREE	T ADDRES	ESS		
CITY-ST-ZIP]					6.4 CITY-S	T-ZIP	}		
44 Lhorobu	certify that th	e information supplied wi	th this f	filing does not	qualify for th	e exempt	ion stat	ated 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.										

SIGNATURE:

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90154 050 ***150.00

DO NOT WRITE IN THIS SPACE

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