PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT, OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000098925 (6)

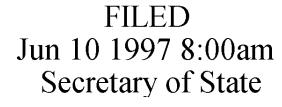
MAI TESTING SERVICES, INC.

Principal Place of Business

& MARK R. DOLAN

Mailing Address

& MARK R. DOLAN





112 EAST STREET SUITE B TAMPA FL 33602		112 EAST STREET SUITE B TAMPA FL 33602-4108				
				3. Date Incorporated or Qualified 12/05/1996	3a. Date of Last Report	
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number	Applied For
21 262	3 Grand Blud.	26 P.O. Box 4	914		59-3416503	Not Applicabl
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	S8.75 Additional Fee Required
City & Stat	6	City & State 28 Palm Harbo	۲.	F)_	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Countr	y	8. This corporation has liability for in	
24 3460	10 25 USA	29 34685 30	o u	SA		Yes No
	9. Name and Address of Current	Registered Agent			10, Name and Address of New Reg	stered Agent
DOL	AN, MARK D		81	Name		
112 EAST STREET			82	Street Add	ress (P.O. Box Number is Not Acceptable	ο\
SUIT	ΈB		"	Ollock Ack	reas (i .o. box Naimosi is Not Acceptabl	<i>~</i>
TAM	PA FL 33602		83	3		
			84	City		FL 85 Zip Code
44 Dunium	to the provinces of Continue COZ OCOO	and COZ 1500 Flavida Otalutaa	45-25-2			· —
office or r	registered agent, or both, in the State of the filling with, and accept the obligations.	f Florida. Such change was auti	horized b	y the corpora	poration submits this statement for the pution's board of directors. I hereby accept	urpose of crianging its registered the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agent	and tille if applicable. (NOTE: R	egislered Aç	gont aignature requ	rred when roinstaling)	DATE
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12
TITLE	President	☐ DELETE	1.1 TITLE			Change Additio
NAME	Lorri L. Mevers		1.2 NAME			
STREET ADDRESS	951 Falmoth Dr.		1.3 STREE	1 ADDRESS		
CITY-ST-ZIP	falm Harbor, FL 34684		1.4 CITY-	ST-ZIP		
TITLE	Vice - President	☐ DELETE	2.1 TITLE			Change Additio
NAME	Seott Barfield 300 Herm's Run Dr. #444		2.2 NAME			
STREET ADDRESS	Hor Box -1914-300 Here		2.3 STREE	T ADDRESS		
CITY-ST-ZIP	Pagne Harbor, FL 34164-S	xanasota, 12.34232	2. 4 CITY-	ST-ZIP		
TITLE		, 🖂 DELETE	3.1 TITLE			☐ Change ☐ Additio
NAME			3.2 NAME	1		
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY-	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			☐ Change ☐ Additio
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREE	T ADDRESS		
CITY-ST-ZIP			4.4 CHY-	S1-2IP		1
TITLE		☐ DELETE	5 1 TITLE			Change Additio
NAME			5.2 NAME			1/1/1/1/
STREET ADDRESS			5 3 STREE	T ADDRESS	•	411 (0/10/97
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		10 7 77
TITLE	111111111111111111111111111111111111111	☐ DELETE	61 TITLE			Change Additio
NAME			62 NAME			4
STREET ADDRESS		j	63 STREE	T ADDRESS		4
CITY-ST-ZIP			64 CITY-	ST-ZIP	· ·	Bk dep 165.00
d d I da barat	harrier and the state of the foreign and the second terms.	24. 10.2. 72			1: 0 II 440 07(0)(II) Et 11 01 1	T

r up receive 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 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.

. ISTO NATIONAL COLLEGE