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Jun 10 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000098925 (6)

1. Corporation Name
MAI TESTING SERVICES, INC.



Principal Place of Business & MARK R. DOLAN
 112 EAST STREET SUITE B TAMPA FL 33602

Mailing Address & MARK R. DOLAN
 112 EAST STREET SUITE B TAMPA FL 33602-4108

3. Date Incorporated or Qualified **12/05/1996** 3a. Date of Last Report

4. FEI Number **59-3416503** Applied For Not Applicable

5. Certificate of Status Desired \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address

21 **2623 Grand Blvd.** 26 **P.O. Box 4914**
 Suite, Apt. #, etc. Suite, Apt. #, etc.

22 **112** 27
 City & State City & State

23 **Holiday, FL** 28 **Palm Harbor, FL**
 Zip Zip Country Country

24 **34690** 25 **USA** 29 **34685** 30 **USA**

9. Name and Address of Current Registered Agent

DOLAN, MARK D
112 EAST STREET
SUITE B
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83
 84 City **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 agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE DELETE
 NAME **President**
 STREET ADDRESS **Lorri L. Meyers**
 CITY-ST-ZIP **451 Falmouth Dr. Palm Harbor, FL 34684**

TITLE DELETE
 NAME **Vice-President**
 STREET ADDRESS **Scott Barfield**
 CITY-ST-ZIP **~~P.O. Box 4914~~ 300 Herm's Run Dr. #444 Palm Harbor, FL 34684 Sarasota, FL 34232**

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE
 NAME
 STREET ADDRESS
 CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

6.1 TITLE Change Addition
 6.2 NAME
 6.3 STREET ADDRESS
 6.4 CITY-ST-ZIP

Handwritten signature and date: 6/10/97
Handwritten note: Ask Dep 165.00

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.

SIGNATURE *Handwritten signature* 4-28-97

CR2E034 (9/96)