

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # S12923

1. Corporation Name
MBC TEST SERVICE, INC.

Principal Place of Business
**3140 MOONLIGHT ST
 ZEPHYRHILLS FL 33543**

Mailing Address
**3140 MOONLIGHT ST
 ZEPHYRHILLS FL 33543**

2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt #, etc.	26	Suite, Apt #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
g. Name and Address of Current Registered Agent			
24		29	
Name		Country	
25		30	
Address		Country	

**CLIFFORD, H. BEN
 3140 MOONLIGHT ST
 ZEPHYRHILLS FL 33543**

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	City
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 607.005, Florida Statutes.

SIGNATURE: *H. Ben Clifford*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when required by law)

4-9-99
 DATE

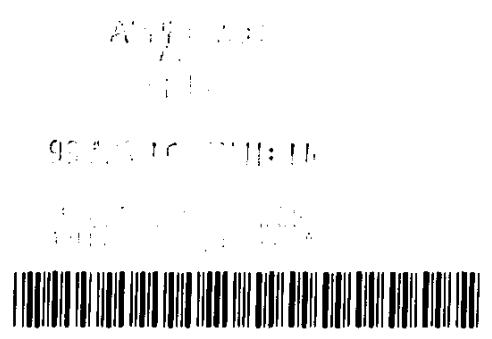
12. OFFICERS AND DIRECTORS		[] DELETE
TITLE	D	[] DELETE
NAME	CLIFFORD, H. BEN	
STREET ADDRESS	3140 MOONLIGHT ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE	D	[] DELETE
NAME	CLIFFORD, MARGARET	
STREET ADDRESS	3140 MOONLIGHT ST	
CITY-ST-ZIP	ZEPHYRHILLS FL	
TITLE		[] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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		[] Change	[] Addition
11 TITLE			
12 NAME	300002859023-7		
13 STREET ADDRESS	-04/30/99--01117--021		
14 CITY-ST-ZIP	***158.75 ***158.75		
21 TITLE		[] Change	[] Addition
22 NAME			
23 STREET ADDRESS			
24 CITY-ST-ZIP			
31 TITLE		[] Change	[] Addition
32 NAME			
33 STREET ADDRESS			
34 CITY-ST-ZIP			
41 TITLE		[] Change	[] Addition
42 NAME			
43 STREET ADDRESS			
44 CITY-ST-ZIP			
51 TITLE		[] Change	[] Addition
52 NAME			
53 STREET ADDRESS			
54 CITY-ST-ZIP			
61 TITLE			
62 NAME			
63 STREET ADDRESS			
64 CITY-ST-ZIP			

Change
4-20-99

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.

SIGNATURE: *H. Ben Clifford* **H. BEN CLIFFORD 4-9-99 813-788-7099**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/13/1990

4. FEI Number:
59-3038115

5. Certificate of Status Desired Applied For
 Not Applicable

6. Election Campaign Financing Trust Fund Contribution **\$8.75** Additional Fee Required

7. This corporation owes the current year Intangible Personal Property Tax Yes No **\$5.00** May Be Added to Fees

10. Name and Address of New Registered Agent

0380089

CR2E034 (11/98)