FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 26 AM 10:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S33435** **(6)**

1. Corporation Name
ASSURANCE TESTING SERVICES, INC.

Principal Place of Business	Mailing Address
2135 S. CONGRESS AVE. SUITE 4C WEST PALM BEACH FL 33406	2135 S. CONGRESS AVE. SUITE 4C WEST PALM BEACH FL 33406

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 02/22/1991
3a. Date of Last Report: 04/05/1994

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: 65-0234287 ☐ 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

9. Name and Address of Current Registered Agent

SOLOMON, ROSEMARY A.
2959 GENOA PLACE
WEST PALM BEACH FL 33406

10. Name and Address of New Registered Agent

81 Name: Thomas Solomon
82 Street Address (P.O. Box Number is Not Acceptable):
83: 124 Wedgewood Lakes South
84 City: GReenacres FL 85 Zip Code: 33463

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: Thomas Solomon — 4-20-95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	V	1.1 TITLE	V	☒ Change ☐ Addition
NAME	SOLOMON, THOMAS M.	1.2 NAME	Thomas Solomon	
STREET ADDRESS	2959 GENOA PLACE	1.3 STREET ADDRESS	124 Wedgewood Lakes South	
CITY-ST-ZIP	W PALM BEACH FL	1.4 CITY-ST-ZIP	GReenacres, FL. 33463	
TITLE	P	2.1 TITLE	P	☒ Change ☐ Addition
NAME	SOLOMON, ROSEMARY A.	2.2 NAME	Rosemary Solomon	
STREET ADDRESS	2959 GENOA PLACE	2.3 STREET ADDRESS	124 Wedgewood Lakes South	
CITY-ST-ZIP	W PALM BEACH FL	2.4 CITY-ST-ZIP	GReenacres, FL. 33463	
TITLE		3.1 TITLE		☐ Change ☐ Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Thomas Solomon — 4-21-95 — 407-969-3926
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0846041 CP