

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

FILED  
Apr 08, 1999 8:00 am  
Secretary of State

04-08-1999 90072 013 \*\*\*150.00

DOCUMENT # S48617

1. Corporation Name  
EASTERN TESTING SERVICES, INC.

Principal Place of Business  
12216 SW 132 CT  
MIAMI FL 33186  
US

Mailing Address  
11220 SW 60TH CT  
MIAMI FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/26/1991

4. FEI Number

65-0257755

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 owes the current year intangible  
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MONAGLE, WILLIAM T.  
11220 SW 60TH CT  
MIAMI FL 33156

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME  
MONAGLE, WILLIAM T.  
STREET ADDRESS  
11220 SW 60TH CT  
CITY-ST-ZIP  
MIAMI FL

1.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
VP  
NAMETH, HELENE MESA  
STREET ADDRESS  
8385 SW 158TH STREET  
CITY-ST-ZIP  
MIAMI FL 33157

2.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
T  
JOHNSON, MARY E  
STREET ADDRESS  
2800 OLD VILLA RICA ROAD  
CITY-ST-ZIP  
POWDER SPRINGS GA 30073

3.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
S  
MONAGLE, MARY T  
STREET ADDRESS  
11220 SW 60TH COURT  
CITY-ST-ZIP  
MIAMI FL 33156

4.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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:

*Heleene M. Nameth*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

04/02/99  
Date

305-254-7690  
Daytime Phone #

0227635

CR2E034 (11/98)