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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$73470

(4)

SPEEDOMETER CALIBRATION, INC.

A DECEMBER DE ACCUSE DE LE SECONO DE LA CONTRACTOR DE LA

FILED

Jan 27 1997 8:00am

Secretary of State

Principal Place 2600 B NW 1S BOCA RATON	T AVE	26	Mailing Address 2600 B NW 1ST AVE BOCA RATON FL 33431-6804								
							3. Date Incorporated or Qualified 08/14/1991		ate of Last R /28/1996	Report	
2. Principal Place of Business			2a. Mailing Address				4. FEI Number	1		oplied For	
21			26				65-0274202			ot Applicable	
Suite, Apt #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional equired	
City & State			City & State			6. Election Campaign Financing			May Be		
23			28				Trust Fund Contribution				
Ζιρ	Country		Zip	Country			8. This corporation has liability for			. 199.032,	
24	25		<u> </u>			Florida Statutes Yes No 10. Name and Address of New Registered Agent					
	9. Name and Address of Cu	rrent Regis	stered Agent	8	41	Name	10. Name and Address of New Re	gistered	Agent	· · · · · · · · · ·	
	HOLSON, J.R.				1	Name					
310 NE 23RD WAY BOCA RATON FL 33431						Street Addre	Address (P.O. Box Number is Not Acceptable)				
BUL	A DATON FL 33931			8	3	· · · - · · · · · · · · · · · · · · · ·			······································		
1					┙		<u> </u>				
				8	4	City		FL	85 Zip	Code	
office or r agent. I a SIGNATURE	egistered agent, or both, in the S in familiar with, and accept the c Signature typeo or printed name of register	State of Flori obligations of	ida. Such change was of, Section 607.0505, F e il applicable. (NC	s authorized I Florida Statut DTE: Registered A	oy es	the corporation	· · · · · · · · · · · · · · · · · · ·	ot the app	pointment as	registered	
12.		AND DIRE		13.			ADDITIONS/CHANGES TO OFFIC	ERS AN			
TITLE	D NICHOLOGON LED		DELETE	1.1 TITLE					☐ Change	Addition	
NAME CARREST ADDRESS	NICHOLSON, J R 310 NE 23RD WAY			1.2 NAM							
STREET ADDRESS CITY - ST - ZIP	BOCA RATON FL					ADDRESS TO THE					
TITLE	D		☐ DELETE		1.4 CVTY - ST - ZIP 2.1 TITLE			· · · · · ·	Change	Addition	
NAME	NICHOLSON, JOHN R			2.2 NAM							
STREET ADDRESS	1936 NW 8TH ST			2.3 STRE	ET /	ADDRESS	•			}	
CITY - ST - ZIP	BOCA RATON FL			2. 4 CITY	-5	ST-ZIP	1,-				
TITLE			☐ DELETE	3.1 TITLE					Change	Addition	
NAME				3.2 NAM	E					ſ	
STREET ADDRESS				. I		ADDRESS					
CITY-ST-ZIP			DELETE	3.4. CITY	_	ST-ZIP			Change	Addition	
TITLE NAME			☐ nerete	4.1 TiTLE 4.2 NAM					Change	Addition	
STREET ADDRESS			•	J	-	ADDRESS				ļ	
CITY-S1-ZIP				4.4 CITY		1					
TITLE	·, · · · · · · · · · · · · · · · · · ·		DELETE	5.1 TITLE		1-54			Change	Addition	
NAME (_	5.2 NAM					_ •		
STREET ADDRESS						ADDRESS					
CITY-ST-ZIP				5.4 CITY		- 1				Ì	
TITLE			☐ DELETE	6.1 TITLE		· · · · · · · · · · · · · · · · · · ·			Change	☐ Addition	
NAME				6.2 NAM	E						
STREET ADDRESS				6.3 STRE	ET /	ADDRESS					
CITY-ST-Zi₽				64 City	- 51	F-ZIP					

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.