

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATION**

95 JAN 17 PM 12: 28

DOCUMENT # V43730 (3)

1. Corporation Name

BROWARD EXERCISE & TESTING INCORPORATED

Principal Place of Business
**2160 UNIVERSITY DR
CORAL SPRINGS FL 33071
US**

Mailing Address
**2139 UNIVERSITY DRIVE
186
CORAL SPRINGS FL 33071
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **06/15/1992** 3a. Date of Last Report **01/20/1994**

4. FEI Number **65-0356491** 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. 26.

22. Suite, Apt. #, etc. 27. Suite, Apt. #, etc.

23. City & State 28. City & State

24. Zip 25. Country 29. Zip 30. Country

9. Name and Address of Current Registered Agent

**BOWMAN, DAVID S.
ONE EAST BROWARD BLVD.
SUITE 702
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81. Name
82. Street Address (P.O. Box Number s, Not Applicable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607 (0302) and 607 (1508), Florida Statutes, the above named corporation certifies 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 of person named in the above agent's name and address)

(Signature of person named in the above agent's name and address)

(Signature)

12. OFFICERS AND DIRECTORS

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

1. NAME **P**
NAME **GARY F. BANNISTER**
STREET ADDRESS **2900 N COURSE DR, #53, APT 802**
CITY, STATE, ZIP **POMPANO BCH FL**
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14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(1)(b), 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 and that of the corporate officer or officers making the filing are in compliance with the provisions of Sections 119.07(1)(b), Florida Statutes, and that my name appears on Block 1 or Block 2 of this document or on an attachment with an address.

SIGNATURE: *Gary Bannister* **GARY BANNISTER** 01/10/95 (305) 340 9253
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **PRESIDENT**