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

V61855 DOCUMENT #

(5)

HEALTH TEST, INC.

FILED Jun 05 1997 8:00am Secretary of State



Principal Place of Business 3341 8W 15TH STREET POMPANO BEACH FL 33089		Mailing A	ddress			1 16441 dillitt dillit (1004 1014) Silat erfti anbut erftir erferr erferr erferr erferr			
		P.O. BOX 8726 FT. LAUDERDALE FL 33310-8726							
						3. Date Incorporated or Qualified 09/04/1992	3a. Date of L 11/13/19		
2. Principal Pl	ace of Business	2a. Mailin	2a. Mailing Address			4. FEI Number		Applied For	
21		26	26			65-0700043 Not Applicable			
Suite, Apt.	#, etc.		Suite, Apt. #, etc.			Contiliants of Clatus Decised	\$8.	75 Additional	
22		27				Certificate of Status Desired	Fr Fr	e Required	
City & State)	City 8	State			6. Election Campaign Financing	\$5	.00 May Be	
23		28				Trust Fund Contribution		lded to Fees	
Zip	Country	Zıp		Count	.ry	8. This corporation has liability for		der s. 199,032	
24	25	29		30			Yes No		
	9. Name and Address of Currer	nt Registered A	Agent			10. Name and Address of New Re	gistered Agent		
ARO	NOWITZ, JACK L			8	1 Name				
3341 SW 15TH STREET					2 Street Ad	Street Address (P.O. Box Number is Not Acceptable)			
POM	IPANO BEACH FL 33069					Saleda (1.6. pox Hamber la Hor Hecopiable)			
				8	:3				
				ļ.,	A City		0.5	Zip Code	
				°	City		FL 85	Zij) Code	
11, Pursuant i	to the provisions of Sections 607.050	02 and 607,150	8, Florida Statu	ites, the abo	ove-named c	orporation submits this statement for the p	ournose of chanc	ing its registered	
office or re agent. I a	egi <mark>stered agent, or both, in the State</mark> m fam iliar with, and accept the oblig	e of Florida. Suc ations of, Secti	ch change was on 607.05 <mark>05</mark> , F	authorized Iorida Statut	by the corpo tes.	ration's board of directors. I hereby accept	pt the appointme	nt as registered	
SIGNATURE	Signature, typed or printed name of registered ag	and and talls if smaller	100 MIC	V.C. Florislored (and conduct to	quired whon reinstating)	DATE		
12.		ID DIRECTORS		13.	gent s griatale re	ADDITIONS/CHANGES TO OFFIC		CTORS IN 12	
TITLE	PD	D Divico rono	DELETE	1.1 TITL	F	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	☐ Ch		
NAME	ARONOWITZ, JACK L		_	1.2 NAM				_	
STREET ADDRESS	3341 SW 15TH STREET			1	ET ADDRESS				
	POMPANO BEACH FL 33069			•	-S1-ZIP				
CITY-ST-ZIP TITLE	8		DELETE	2.1 1ITL			Ch	ange Addition	
NAME	EPSTEIN, MARTIN D			2.2 NAM			_	• —	
	3341 SW 15TH STREET				EET ADORESS				
STREET ADDRESS	POMPANO BEACH FL 33069				Y-ST-ZIP				
CITY-ST-ZIP TITLE	TOMITATO DETOTTE COCCO		DELETE	3.1 TITL			☐ Ch	ange Addition	
				3.7 (0)				J. 23	
NAME CTOCKY ADDRESS					EE1 ADDRESS		•		
STREET ADDRESS									
CITY-ST-ZIP TITLE			DELETE	3.4. CIT	Y - ST - ZIP		□ Ch	ange Addition	
NAME			- Detect	4. 2 NA				- 5	
				B B	EET ADDRESS				
STREET ADDRESS									
CITY-ST-ZIP			DELETE		r-SI-ZIP		☐ Ch	ange Addition	
TITLE			DULLIU	5.1 TITL 5.2 NAM				g rissection	
NAME									
STREET ADDRESS				- 1	EET ADDRESS				
CITY-\$T-ZIP			DELETE		-ST-ZIP		☐ Cr	ange Addition	
TITLE			☐ DETEIL	6 1 TITL	- 1		니	ango L. J MOUNTON	
NAME				6 2 NAN	1				
STREET ADDRESS					EE1 ADDRESS				
CITY-ST-ZIP				6.4 CITY	(-ST-ZIP				

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.