

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

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **L02889** (8)

1. Corporation Name  
**RADON TESTERS OF AMERICA INC.**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 JAN 18 PM 2:34

Principal Place of Business Mailing Address  
P.O. BOX 630604 P.O. BOX 630604  
MIAMI FL 33163 MIAMI FL 33163

DO NOT WRITE IN THIS SPACE

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

*SAME*

3. Date Incorporated or Qualified **07/18/1989** 3a. Date of Last Report **02/08/1994**  
4. FEI Number **65-0134559** 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. 190.032, Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**JOHANNESBURG PERRY**  
**20543 NE 6TH COURT**  
**NORTH MIAMI BEACH FL 33179**

10. Name and Address of New Registered Agent  
B1 **PERRY JOHANNESBURG**  
B2 **20543 NE 6th**  
B3 **N. M. B.**  
B4 **FL 33179**

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]* 1/14/95

12. OFFICERS AND DIRECTORS

TITLE	<b>PST</b>
NAME	<b>JOHANNESBURG, PERRY</b>
STREET ADDRESS	<b>20543 NE 6 CT.</b>
CITY ST ZIP	<b>N. MIAMI BEACH FL</b>
TITLE	<b>C</b>
NAME	<b>JOHANNESBURG, PERRY</b>
STREET ADDRESS	<b>20543 NE 6 CT.</b>
CITY ST ZIP	<b>N. MIAMI BEACH FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY ST ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY ST ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY ST ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY ST ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY ST ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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 exemptions stated in Section 119 (2)(3)(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 shall have the same legal effect as if made under oath in Block 12 or Block 13 of this report, or on an attachment thereto, and that my name appears in Block 12 or Block 13 of this report, or on an attachment thereto, with an address.

SIGNATURE: *[Signature]* 1/15/95