

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **843030** (8)

1. Corporation Name
THE PROTECTIVE GROUP, INC.



Principal Place of Business: **14000 NW 58TH CT. MIAMI LAKES FL 33014**
Mailing Address: **14000 NW 58TH CT. MIAMI LAKES FL 33014**

3. Date Incorporated or Qualified: **04/17/1979**
3a. Date of Last Report: **03/01/1995**

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, City & State, Zip, and Country.

4. FEI Number: **02-0333472**
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

9. Name and Address of Current Registered Agent
**PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS ST.
SUITE 105
TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent
81 Name: **Michael Siegel**
82 Street Address (P.O. Box Number is Not Allowed): **3701 N. 47th Avenue**
83
84 City: **Hollywood** FL 85 **33021**

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above named corporation... I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.
SIGNATURE: **Michael Siegel** (typed name) and *[Signature]* (handwritten signature) DATE: **3/12/96**

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	MILLER, MELVYN H.	
STREET ADDRESS	14000 NW 58TH CT.	
CITY-ST-ZIP	MIAMI LAKES FL	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	MILLER, RHEA	
STREET ADDRESS	1500 S OCEAN DR PHD	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	BEATTY, PAUL	
STREET ADDRESS	C/O SULLIVAN&WORCESTER ONE POST OFFICE SQ.	
CITY-ST-ZIP	BOSTON MA	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
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 checked="" type="checkbox"/> Addition
2.2 NAME	ST Siegel, Michael
2.3 STREET ADDRESS	14000 NW 58th Court
2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
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	700001738097
5.4 CITY-ST-ZIP	-03/11/96--01004--023
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	***417.50
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 exemption stated in Section 119.07(3)(k), 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 in an attachment with an address.

SIGNATURE: *[Signature]* DATE: **1/17/96** 305-820-4262

CR2E034 (12/95)