

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

**FILED**  
**May 21 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

3. Date Incorporated or Qualified <b>04/17/1979</b>	
4. FEI Number <b>02-0333472</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SIEGEL, MICHAEL**  
**3701 N. 47TH AVENUE**  
**HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name <b>ESCALANTE, IRVING</b>	
82 Street Address (P.O. Box Number is Not Acceptable) <b>9421 SW 32 STREET</b>	
83	
84 City <b>MIAMI</b>	85 Zip Code <b>FL 33125</b>

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 *Irving Escalante* DATE **06/04/98**

Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	MILLER, MELVYN H	1.2 NAME	
STREET ADDRESS	14000 NW 58TH CT.	1.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI LAKES FL	1.4 CITY-ST-ZIP	
TITLE	ST	2.1 TITLE	S
NAME	SIEGEL, MICHAEL	2.2 NAME	CAROLYN MILLER
STREET ADDRESS	14000 NW 58TH COURT	2.3 STREET ADDRESS	14000 NW 58 CT.
CITY-ST-ZIP	MIAMI LAKES FL 33014	2.4 CITY-ST-ZIP	MIAMI LAKES, FL 33014
TITLE		3.1 TITLE	T
NAME		3.2 NAME	IRVING ESCALANTE
STREET ADDRESS		3.3 STREET ADDRESS	14000 NW 58 CT.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	MIAMI LAKES, FL. 33014
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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.

SIGNATURE *[Signature]* 705-556-7412

CR2E034 (10/97)