

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

CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P93000026452 (1)

1. Corporation Name  
**PROTRANSMASTERS, INC.**

Principal Place of Business: **950 US ONE PALM BAY FL 32905**  
Mailing Address: **950 US ONE PALM BAY FL 32905**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **04/02/1998** 3a. Date of Last Report: **02/15/1998**  
4. FID Number: **59 3189335** Applied Fee:  Not Applied  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing:  **\$5.00 May Be Added to Fees**  
7. This corporation is liable for intangible tax under S. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21 | 22 | 23 | 24 | 25 |  
2a. Mailing Address: 26 | 27 | 28 | 29 | 30 |  
City, State, Zip, Country

9. Name and Address of Current Registered Agent

**BOYDSTON, WILLIAM W  
600 COMMARGO RD NW  
PALM BAY FL 32907**

10. Name and Address of New Registered Agent: 81 | 82 | 83 | 84 | 85 |  
Name, Street Address (P.O. Box Number is Not Acceptable), City, State, Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: Corporation (Registered Agent or Secretary or Treasurer or Director) or Agent (Registered Agent Signature required when not filing) or Agent

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS #1-12	
11	12	11	12
NAME	<b>D</b>	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME	<b>BOYDSTON, WILLIAM W</b>	12 NAME	
STREET ADDRESS	<b>600 COMMARGO RD NW</b>	13 STREET ADDRESS	
CITY, ST, ZIP	<b>PALM BAY FL 32907</b>	14 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY, ST, ZIP		24 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY, ST, ZIP		34 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		41 TITLE	<b>000001777000</b>
NAME		42 NAME	<b>-04/11/96--01064--018</b>
STREET ADDRESS		43 STREET ADDRESS	<b>***200.00</b>
CITY, ST, ZIP		44 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Add
NAME		61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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(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 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 or is typed on an attachment with an address.

SIGNATURE: *[Signature]*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/11/1996 JK