

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



FLORIDA DEPARTMENT OF STATE
 Sandi M. Mortman
 Secretary of State
 DIVISION OF CORPORATIONS

PROFIT CORPORATION
 ANNUAL REPORT
 1998

97-98 AR

FILED

98 APR 15 AM 8:13

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # P93000026452(1)
 1. Corporation Name

PROTRANSMASTERS, Inc.

Principal Place of Business Mailing Address
 950 U.S. ONE 950 U.S. ONE
 PALM BAY, FL 32905 PALM BAY, FL 32905

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1465 CLEARMONT ST. NE	26 1465 CLEARMONT ST. NE
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 PALM BAY, FL	28 PALM BAY, FL
24 32905 25 USA	29 32905 30 USA

3. Date Incorporated or Qualified	4. FEI Number	Applied For
04/02/1993	59-3189335	Not Applicable
5. Certificate of Status Desired	6. Election Campaign Financing Trust Fund Contribution	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.
<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
\$8.75 Additional Fee Required	\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

BOYDSTON, WILLIAM W.
 600 COMMARCO RD. NW
 PALM BAY, FL 32907

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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

12. OFFICERS AND DIRECTORS

TITLE	DELETED
NAME	BOYDSTON, WILLIAM W.
STREET ADDRESS	600 COMMARCO RD. NW
CITY-ST-ZIP	PALM BAY, FL 32907
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	DELETED
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	Change	Addition
12 NAME		
13 STREET ADDRESS		
14 CITY-ST-ZIP		
21 TITLE	Change	Addition
22 NAME		
23 STREET ADDRESS	900002491069	
24 CITY-ST-ZIP	-04/16/98--01039--007	
31 TITLE	Change	Addition
32 NAME		
33 STREET ADDRESS	900002491069	
34 CITY-ST-ZIP	-04/16/98--01039--008	
41 TITLE	Change	Addition
42 NAME		
43 STREET ADDRESS	***150.00	
44 CITY-ST-ZIP		
51 TITLE	Change	Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE	Change	Addition
62 NAME		
63 STREET ADDRESS		
64 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 registered agent 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: *William Boydston* DATE: 4-8-98 4077259950
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (10/97)