

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

FILED
May 05, 1999 8:00 am
Secretary of State

05-05-1999 90064 045 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000087576

1. Corporation Name
PROTRANS, INC.

Principal Place of Business 6110 PROTSMOUTH LANE DAVIE FL 33331	Mailing Address 6110 PROTSMOUTH LANE DAVIE FL 33331
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 4263 SW 64 Ave Suite, Apt. #, etc. 22 3 City & State 23 Davie, FL Zip Country 24 33314 25 USA	2a. Mailing Address 26 4263 SW 64 Ave Suite, Apt. #, etc. 27 3 City & State 28 Davie, FL Zip Country 29 33314 30 USA	3. Date Incorporated or Qualified 11/15/1995	4. FEI Number 65-0623107	Applied For Not Applicable
		5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No		

9. Name and Address of Current Registered Agent MORENBERG, ARA 6110 PORTSMOUTH LANE DAVIE FL 33331	10. Name and Address of New Registered Agent 81 Name Morenberg, Ara 82 Street Address (P.O. Box Number is Not Acceptable) 7201 NW Turtle Walk 83 84 City Boca Raton FL 85 Zip Code 33487
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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 Ara Morenberg, President DATE 4-14-99

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 PST	<input type="checkbox"/> DELETE	1.1 TITLE PST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORENBERG, ARA		1.2 NAME Morenberg, Ara	
STREET ADDRESS 6110 PORTSMOUTH LANE		1.3 STREET ADDRESS 7201 NW Turtle Walk	
CITY-ST-ZIP DAVIE FL 33331		1.4 CITY-ST-ZIP Boca Raton, FL 33487	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MORENBERG, LAURA A		2.2 NAME	
STREET ADDRESS 6274 DEVONSHIRE DRIVE		2.3 STREET ADDRESS	
CITY-ST-ZIP OXFORD OH 45056		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE: Ara Morenberg DATE: 4-14-99 DAYTIME PHONE #: 954-321-8414

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)