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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P97000000207

1. Corporation Name
PRO-TECH PROFESSIONAL PROTECTION, INC.



Principal Place of Business: 11655 OLD CUTLER ROAD CORAL GABLES FL 33156
 Mailing Address: 11655 OLD CUTLER ROAD CORAL GABLES FL 33156

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/02/1997**

4. FEI Number: **65-0796493** Applied For: Not Applicable:

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 owes the current year intangible Personal Property Tax: Yes No

2. Principal Place of Business: **6280 Sunset Dr. Suite 607 So. Miami 33143 USA**

2a. Mailing Address: **6280 Sunset Dr. Suite 607 So. Miami 33143 USA**

9. Name and Address of Current Registered Agent: **LEEDS, LINDA K 11655 OLD CUTLER ROAD CORAL GABLES FL 33156**

10. Name and Address of New Registered Agent: **LEEDS, MELISSA R 701 Brickell Key Blvd Apt. 601 Miami FL 33133**

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: *[Signature]* DATE: **3-18-99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD <input checked="" type="checkbox"/> DELETE	NAME: LEEDS, LINDA K	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11655 OLD CUTLER ROAD CORAL GABLES FL 33156	CITY-ST-ZIP: CORAL GABLES FL 33156	1.2 NAME	
TITLE: VD <input type="checkbox"/> DELETE	NAME: LEEDS, MELISSA R	1.3 STREET ADDRESS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11655 OLD CUTLER ROAD CORAL GABLES FL 33156	CITY-ST-ZIP: CORAL GABLES FL 33156	1.4 CITY-ST-ZIP	
TITLE: SD <input type="checkbox"/> DELETE	NAME: LEEDS, JONATHAN	2.1 TITLE: President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: 11655 OLD CUTLER ROAD CORAL GABLES FL 33156	CITY-ST-ZIP: CORAL GABLES FL 33156	2.2 NAME: LEEDS, MELISSA R	
TITLE: <input type="checkbox"/> DELETE	NAME:	2.3 STREET ADDRESS: 701 Brickell Key Blvd Apt. 601	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	2.4 CITY-ST-ZIP: Miami, FL 33133	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.1 TITLE: Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.2 NAME: LEEDS, JONATHAN	
TITLE: <input type="checkbox"/> DELETE	NAME:	3.3 STREET ADDRESS: 11655 Old Cutler Rd	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	3.4 CITY-ST-ZIP: Coral Gables, FL 33156	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.1 TITLE: Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.2 NAME: Jonas Mittleman	
TITLE: <input type="checkbox"/> DELETE	NAME:	4.3 STREET ADDRESS: 20379 W. Countryclub Dr #634	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	4.4 CITY-ST-ZIP: Aventura, FL 33180	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	5.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	5.4 CITY-ST-ZIP	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS:	CITY-ST-ZIP:	6.2 NAME	
TITLE: <input type="checkbox"/> DELETE	NAME:	6.3 STREET ADDRESS	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 principal 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 attached sheet with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **1-13-99** (305) 7755662

CR2E034 (1/199)