

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 28 AM 10:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **567881** (8)

1. Corporation Name

PROTO CIRCUITS OF FLORIDA, INC.

Principal Place of Business

**6610 NW 21ST AVE.
FORT LAUDERDALE FL 33309**

Mailing Address

**6610 NW 21ST AVE.
FORT LAUDERDALE FL 33309**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

04/06/1978

3a. Date of Last Report

08/18/1994

2. Principal Place of Business

21

Suite, Apt. #, etc.

2a. Mailing Address

26

Suite, Apt. #, etc.

22. City & State

23

City & State

27. City & State

28

City & State

24

Zip

25. County

29

Zip

30. County

4. FBI Number

59-1820452

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**THAYER, RICHARD S.
855 SOUTH FEDERAL HIGHWAY
SUITE 209
BOCA RATON FL 33042**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85.

Zip Code

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: Typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **VSD**
NAME **SMITH, SALLY E**
STREET ADDRESS **6611 NW 20 AVENUE**
CITY- ST- ZIP **FORT LAUDERDALE, FL 00000**

11. TITLE ☐ Change ☐ Addition

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

TITLE **D**
NAME **JOHNSTON, WALTER**
STREET ADDRESS **6610 NW 20TH AVENUE**
CITY- ST- ZIP **FT. LAUDERDALE FL 33309**

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

TITLE **PTD**
NAME **BRANAM, CLIFFORD L**
STREET ADDRESS **6611 NW 20TH AVE**
CITY- ST- ZIP **FT LAUDERDALE, FL 00000 FL 33309**

31. TITLE ☐ Change ☐ Addition

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

41. TITLE ☐ Change ☐ Addition

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

51. TITLE ☐ Change ☐ Addition

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

61. TITLE ☐ Change ☐ Addition

62. NAME

63. STREET ADDRESS

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 110.07(3)(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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERING OFFICER OR DIRECTOR

4/25/95 305-971-8370