

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

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Apr 02, 1999 8:00 am
Secretary of State

04-02-1999 90088 050 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000006698

1. Corporation Name
PRO TECH MONITORING, INC.



Principal Place of Business 2708 ALTERNATE 19 NORTH, SUITE 503 PALM HARBOR FL 34683	Mailing Address 2708 ALTERNATE 19 NORTH, SUITE 503 PALM HARBOR FL 34683
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/02/1997	
21	26	4. FEI Number 59-3478800		Applied For Not Applicable	
22 Suite, Apt., #, etc.		27 Suite, Apt., #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75-Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
POSAVEC, ROBERT P 2708 ALTERNATE 19 NORTH SUITE 503 PALM HARBOR FL 34683				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				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 signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P <input type="checkbox"/> DELETE	1.1 TITLE	S/T/COO/CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARTINEZ, ROBERT	1.2 NAME	POSAVEC, ROBERT P.
STREET ADDRESS	2708 ALTERNATE 19 NORTH, SUITE 503	1.3 STREET ADDRESS	2708 ALTERNATE 19 NORTH, SUITE 503
CITY-ST-ZIP	PALM HARBOR FL 34683	1.4 CITY-ST-ZIP	PALM HARBOR, FL 34683
TITLE	V <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAYSON, HOYT	2.2 NAME	
STREET ADDRESS	2708 ALTERNATE 19 NORTH, SUITE 503	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	2.4 CITY-ST-ZIP	
TITLE	ST <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUTSSON, GEORGE	3.2 NAME	
STREET ADDRESS	2708 ALTERNATE 19 NORTH, SUITE 503	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, J M	4.2 NAME	
STREET ADDRESS	1001 PENNSYLVANIA AVE. NW, SUITE 220 SOUTH	4.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20004	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BAILEY, BRIAN D	5.2 NAME	
STREET ADDRESS	1001 PENNSYLVANIA AVE. NW, SUITE 220 SOUTH	5.3 STREET ADDRESS	
CITY-ST-ZIP	WASHINGTON DC 20004	5.4 CITY-ST-ZIP	
TITLE	CEO <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	STAPLES, JOHNSTON C	6.2 NAME	
STREET ADDRESS	2708 ALTERNATE 19 NORTH, SUITE 503	6.3 STREET ADDRESS	
CITY-ST-ZIP	PALM HARBOR FL 34683	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: [Signature] 3/25/99 (227) 785-3425
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)