PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DE PARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # J24516

1. Corporation Name

PROTAV. INCORPORATED

Principa	ſ	Place	of	Business

FILED Apr 29, 1999 8:00 am Secretary of State

04-29-1999 90071 031 ***150.00



	ce of Business	Mailing Address							
683 CUMBERL	AND ROAD	683 CUMBERLAND ROFD							
DELAND FL 32	272	DELAND FL 3272			DO NOT WRITE IN THIS CRACE				
US		US			DO NOT WRITE IN "HIS SPACE 3. Date Incorporated or Qualified				
					06/27/1986				
2. Principal F	Place of Business	2a. Mailing Address			4. FEI Number		TA	plied For	
21 2540		26 683 Cunt	Derlan	d ec.	59-2715885			t Applicable	
Suite, Apt.		Suite, Apt. #, etc.					\$8.75		
22		27			5. Certi cate of Status Desired		Fee Re		
City & Sta		City & State	J- 1		6. Elect on Campaign Financing		\$5.00	May Be	
23 De 91		20 , 1	K(Trust Fund Contribution	□ 	Added t	o Fees	
Zip	Country	Zip		intry	8. This corporation owes the current	-	_	_	
24 32 12			30 U	olusia_	Personal Property		Yes	□No	
	9. Name and Address of Curren	t Registered Agent		81 Name	10. Nam∋ and Addres New Reg	gistered Ag	jent		
STO	IVER, JOSEPH L.								
	0 MCCORVEY ROAD			82 Street Add	ress (P.O. Box Number is 1 Acceptable	e)			
	AND FL 32724			83	igs 2				
				84 City		FL	85 Zip (ode	
11. Pursuant	to the provisions of Sections 607.0503	2 and 607.1508, Florida Statute	es, the a	bove-named corp	poration submits this statemen for the pu	rpose of ch	anging its	registered	
office or	registered agent, or both, in the State o am familiar with, and occept the obligat	of Florida. Such change was at	uthorizec	d by the corporati	on's board of directors. I here as accept t	he at pointr	nent as re	jistered	
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,			, ``				
· · · · · · · · · · · · · · · · · · ·	Signature, typed or printed name of registered ager			Agent signature rei uir		DATE			
12	OFFICERS AN		13.		ADDIT ONS/CHANGES TO OFFIC				
TITLE	PD	☐ DELETE	11 0		· _/`	l	Change	Addition	
NAME	MULLINS, DAWN		1.2 NA						
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CITY-ST-ZIP	I DELAND CI		1	ì					
TM E	DELAND FL	□ DELETE		TY-ST-ZIP			Change	Addition	
TITLE	DELAND FL	☐ DELETE	2.1 TI	TLE			Change	Addition	
-		☐ DELETE	2.1 TI 2.2 NV	TLE AME			Change	Addition	
= ''; ADDN:.33		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST	TLE AME TREET ADDRESS			Change	Addition	
-			2.1 TT 2.2 N/ 2.3 ST 2.4 C	TLE AME TREET ADDRESS ITY-ST-ZIP			v		
= ''; ADDN:.33		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT	TLE AME FREET ADDRESS HTY- ST- ZIP TLE			Change	Addition	
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····ST-ZIP			2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS			v		
			2.1 TI 2.2 N/ 2.3 ST 2.4 C 3.1 TI 3.2 N/ 3.3 ST	TLE AME TREET ADDRESS ITY-ST-ZIP TLE AME TREET ADDRESS TTY-ST-ZIP		(v		
····ST-ZIP		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST 2.4 C 3.1 TT 3.2 N/ 3.3 ST 3.4. C	TLE AME TREET ADDRESS TIT-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE		(Change	Addition	
····ST-ZIP		☐ DELETE	2.1 TT 2.2 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4. C 4.1 TT 4.2 NV	TLE AME TREET ADDRESS TIT-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE		(Change	Addition	
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		☐ DELETE	2.1 TT 2.2 N/ 2.3 ST 2. 4 C 3.1 TT 3.2 N/ 3.3 ST 3.4, C 4.1 TT 4. 2 N/ 4.3 ST 4.4 CT	TLE AME TREET ADDRESS HTY-ST-ZIP TLE AME TREET ADDRESS HTY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TY-ST-ZIP TLE			Change	Addition	
		☐ DELETE	2.1 TT 22 NV 2.3 ST 2.4 C 3.1 TT 3.2 NV 3.3 ST 3.4, C 4.1 TT 4.2 N, 4.3 ST 4.4 CI 5.1 TT 5.2 NA	TLE AME TREET ADDRESS HTY-ST-ZIP TLE AME TREET ADDRESS HTY-ST-ZIP TLE AME TREET ADDRESS TY-ST-ZIP TLE TREET ADDRESS TY-ST-ZIP TLE TY-ST-ZIP TLE			Change	Addition	
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FACITY-ST-ZIP

I increase 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 certify that the information 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 a lother like empowered.

SIGNING OFFICER OR DIRECTOR