

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **L28038**

(2)

1. Corporation Name

PRO-TECH PUBLICATIONS, INC.



Principal Place of Business

% PETER L. GRIECO, JR.
4360 NORTH LAKE BLVD., SUITE 105
PALM BEACH GARDENS FL 33410

Mailing Address

2273 PLAM BEACH LAKES BLVD.
SUITE C
WEST PALM BEACH FL 33409
US

3. Date Incorporated or Qualified
11/07/1989

3a. Date of Last Report
02/27/1995

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

06-1214144

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **3109 45th STREET, Suite 100**

27 **3109 45th STREET, Suite 100**

City & State

City & State

23 **WEST Palm BEACH, FL**

28 **WEST Palm BEACH, FL**

Zip

Country

Zip

Country

24 **33407**

25 **Palm BEACH**

29 **33407**

30 **Palm BEACH**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GRIECO, PETER L., JR.
2273 PALM BEACH LAKES BLVD.
SUITE C
WEST PALM BEACH FL 33409**

81 Name

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

3109 45th STREET, Suite 100

83

84 City

WEST Palm BEACH

FL

85 Zip Code

33407

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 the if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE:

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME **D**
STREET ADDRESS **GRIECO, PETER L., JR.**
CITY-ST-ZIP **2273 PALM BEACH LAKES BLVD., SUITE C**
WEST PALM BEACH FL

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME **GRIECO, PETER L., JR.**
1.3 STREET ADDRESS **3109 45th STREET, Suite 100**
1.4 CITY-ST-ZIP **WEST Palm BEACH, FL 33407**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)