**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.**
**AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)**

PROFIT CORPORATION ANNUAL REPORT
**1995**

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

**FILED**
**'95 JUL -7 AM 9:13**
**SECRETARY OF STATE**
**TALLAHASSEE FLORIDA**

DOCUMENT # **P93000011695 (2)**

1. Corporation Name
**PROTECT-A-MED CORPORATION**

DO NOT WRITE IN THIS SPACE

| Principal Place of Business | Mailing Address |
|---|---|
| ~~2960 N.W. 60TH ST.~~<br>~~FT. LAUDERDALE FL 33309~~ | ~~2960 N.W. 60TH ST.~~<br>~~FT. LAUDERDALE FL 33009~~ |

3. Date Incorporated or Qualified: 02/06/1993
3a. Date of Last Report: 05/01/1994

| 2. Principal Place of Business | 2a. Mailing Address |
|---|---|
| 21 5801 NE 14th AVE | 26 5801 NE 14th AVE. |
| Suite, Apt. #, etc.<br>22 Ft. Lauderdale, FL | Suite, Apt. #, etc.<br>27 |
| City & State<br>23 | City & State<br>28 Ft. Lauderdale, FL |
| Zip / Country<br>24 33334 / 25 USA | Zip / Country<br>29 33334 / 30 USA |

4. FEI Number: 65-0395033 ☐ 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 | 10. Name and Address of New Registered Agent |
|---|---|
| **CORENTE, JOSEPH N.**<br>**~~2960 N.W. 60TH STREET~~**<br>**FT. LAUDERDALE FL ~~33309~~** | 81 Name: JOSEPH N. CORENTE<br>82 Street Address (P.O. Box Number is Not Acceptable): 5801 NE 14th AVE.<br>83<br>84 City: Ft. LAUDERDALE, **FL** 85 Zip Code: 33334 |

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: _____ JOSEPH N. CORENTE JUNE 29, 1995
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

| 12. OFFICERS AND DIRECTORS | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |
|---|---|
| TITLE ~~DO~~<br>NAME **MILLSTEN, ROCHELLE**<br>STREET ADDRESS ~~2960 N.W. 60TH STREET~~<br>CITY-ST-ZIP ~~FT. LAUDERDALE FL~~ | 1.1 TITLE D<br>1.2 NAME Millstein, Rochelle<br>1.3 STREET ADDRESS 7805 Beechfern Circle<br>1.4 CITY-ST-ZIP Tamarac, FL 33319<br>☒ Change ☐ Addition |
| TITLE DO<br>NAME **CORENTE, JOSEPH N.**<br>STREET ADDRESS ~~2960 N.W. 60TH STREET~~<br>CITY-ST-ZIP ~~FT. LAUDERDALE FL~~ | 2.1 TITLE President / Director<br>2.2 NAME Joseph N. Corente<br>2.3 STREET ADDRESS 5801 NE 14th AVE.<br>2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33334<br>☒ Change ☐ Addition |
| TITLE ~~DO~~<br>NAME ~~MICKEY, THOMAS K.~~<br>STREET ADDRESS ~~2960 N.W. 60TH STREET~~ > Delete<br>CITY-ST-ZIP ~~FT. LAUDERDALE FL~~ | 3.1 TITLE<br>3.2 NAME<br>3.3 STREET ADDRESS<br>3.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 4.1 TITLE<br>4.2 NAME<br>4.3 STREET ADDRESS<br>4.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 5.1 TITLE<br>5.2 NAME<br>5.3 STREET ADDRESS<br>5.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |
| TITLE<br>NAME<br>STREET ADDRESS<br>CITY-ST-ZIP | 6.1 TITLE<br>6.2 NAME<br>6.3 STREET ADDRESS<br>6.4 CITY-ST-ZIP<br>☐ Change ☐ Addition |

CR2E034 (3/95)

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)(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.

**SIGNATURE:** _____ Joseph N. Corente, President 6/29/95 (305) 776-4606
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

007B810 CP