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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027620 (2)

PRO-TECH COPIER AND FAX SERVICE, INC.

Principal Place of Business Mailing Address 7830 NW 45 CT 7830 NW 45 CT W LAUDERHILL FL 33351 W LAUDERHILL FL 33351-5752

FILED May 14 1997 8:00am Secretary of State



									3. Date Incorporated or Qualified					
2. Principal Place of Business				Mailing Address		4. FEI Number				A	pplied For	٦		
21			26					65-0416706				N	ot Applicable	,
Suite, Apt. #, etc.				Suite, Apt. #, etc.				5. Certific	cate of Status De	sired			Additional	1
22			27					#1 OQ:1///	Date of Blatto Bt			Fee R	equired	_
City & State				City & State				6. Election Campaign Financing \$5.00 May Be						1
23							Trust F	und Contribution	1		Added	to Fees	╛	
Z ⊕					Cou	or This corporation has liability for intalligit							. 199.032,	1
24		[30]			Florida Statutes Yes No 10. Name and Address of New Registered Agent						╛			
1.45		Address of Curren	t Registe	rea Agent		81	· · · ·	10. Name	and Address o	New Reg	pistered A	gent		4
LARAQUE, KEITH JR							Name							
	0 NW 45 CT			82 Street Ad			ess (P.O. Box	Number is Not	Acceptab	e)			1	
WL	auderhill fl]	_	*			<u> </u>	·				
							63							
							City					85 Zip	Code	┨
					,	84	-				FL	1 1		
11. Pursuant	to the provisions of	of Sections 607.050	2 and 607	.1508, Florida Statut Such change was i Section 607.0505, Flo	es, the at	ove	named corp	oration subm	its this statemen	for the pi	urpose of	changing i	is registered	٦
agent la	egistered agent, t m fanjilia <u>r</u> with, ar	or both, it into state od <u>ac</u> cept the obligia	oi riorida itions /o 1, S	Section 607.0505, Fig	autriorizec orida Stati	JUS ULOS	the corporati	ion s board o	r directors, i nere	iby accep	tine appo	intment as	registered	
SIGNATURE	9/2/7	W L	46	- YOUR			- 4	rec.		4	-21	-4	<i>'</i> '7	
Old Willer	Signature, typed or prin	ed name of registered age	nt and title it a	pplicable. (NOT	E Registered	Ager	nt algnature require	ed when reinstatin	g)	f	DATE			
12.		OFFICERS AND	DIRECT		13.			ADDITIO	ONS/CHANGES	O OFFICI]{
THILE	D			DELETE	1.1 TiT	LE.					Į	Change	Addition	Į
NAME LARAQUE, KEITH JR						ME								3
STREET ADDRESS				1.3 ST			ADDRESS							į
CITY-ST-ZIP	W LAUDERHI	LL FL 33351	1.4 C			Y-ST	r-ZIP							Į
TIFLE				☐ DELETE	2.1 111	LE						Change	☐ Addition	7
NAME					2.2 NA	ME								
STREET ADDRESS					2.3 ST	REET /	ADDRESS							
CITY-ST-ZIP					2. 4 CI	TY-S	T-7IP							
TOTLE	- h	· · · · · · · · · · · · · · · · · · ·		☐ DELETE	3.1 TIT			·····				Change	Addition	4
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STREET ADDRESS							address							1
City-St-2iP					3.4. CI				200					ı
TIFLE				DELETE	4.1 TiT		1-21				······································	Change	Addition	╣
NAME					4. 2 N/						•			ı
STREET ADORESS							ADDOCCO							1
į					1		ADDRESS							
CITY-ST ZIF				DELETE	4.4 CIT		- ZIP	·-···			· · · · · · · · · · · · · · · · · · ·	Change	- Addition	-
THLE				PET DECETE	5.1 TIT						٠	Change	Addition	
NAME					5.2 NA					•				
SIREF1 ADORESS							ADDRESS							
CITY-ST-ZIP					5.4 CiT		T-ZIP							_
1ITLE				☐ DELETE	6.1 T IT						l	Change	☐ Addition	
NAME					6.2 NA	ME								-
STREET ADORESS					6.3 ST	REET A	ADDRESS							
City+St-ZIP					6.4 CIT	Y-ST	- ZIP							

14. I do 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 eath; 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: