

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

FILED
Feb 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000048541 (5)
 1. Corporation Name
PRO-TECH AIR CORPORATION



Principal Place of Business 6870 SW 1ST CT PEMBROKE PINES FL 33023 US	Mailing Address 6870 SW 1ST CT PEMBROKE PINES FL 33023 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5917 S.W. 44ST	26 5917 S.W. 44ST			07/06/1993	
Suite, Apt #, etc		Suite, Apt #, etc.		4. FEI Number	
22		27		65-0428224	
City & State		City & State		Applied For	
23 DAVIE FL		28 DAVIE FL		Not Applicable	
Zip		Zip		5. Certificate of Status Desired <input type="checkbox"/>	
24 33314		29 33314		Country	
Country		Country		8.75 Additional Fee Required	
25 BROWARD		30 Broward		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		5.00 May Be Added to Fees	
WEINER, EDWARD A 6870 SW 1ST CT PEMBROKE PINES FL 33023		81 Name EDWARD A. Weiner		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
		82 Street Address (P.O. Box Number is Not Acceptable) 2080 N.E. 63 CT.			
		83			
		84 City FT. Lauderdale		85 Zip Code 33308	

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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD
NAME	WEINER, EDWARD A	1.2 NAME	EDWARD A. Weiner
STREET ADDRESS	6870 SW 1ST CT	1.3 STREET ADDRESS	2080 NE 63 CT
CITY-ST-ZIP	PEMBROKE PINES FL	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.2 NAME	
NAME		2.3 STREET ADDRESS	
STREET ADDRESS		2.4 CITY-ST-ZIP	
CITY-ST-ZIP		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
	<input type="checkbox"/> DELETE	3.2 NAME	
TITLE		3.3 STREET ADDRESS	
NAME		3.4 CITY-ST-ZIP	
STREET ADDRESS		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY-ST-ZIP		4.2 NAME	
	<input type="checkbox"/> DELETE	4.3 STREET ADDRESS	
TITLE		4.4 CITY-ST-ZIP	
NAME		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		5.2 NAME	
CITY-ST-ZIP		5.3 STREET ADDRESS	
	<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: Edward A. Weiner 1/16/98 (954) 474-8653

CR2E034 (10/97)