

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

**FILED**  
**Mar 06, 1999 8:00 am**  
**Secretary of State**

03-06-1999 90006 049 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

**DOCUMENT # P93000048541**

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



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

07/06/1993

4. FEI Number

65-0428224

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing

\$5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

2. Principal Place of Business

21 5917 S.W. 44 ST.  
 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

23 DAVIS FL.

27 City & State

28

24 Zip 33314 25 Country USA

29 Zip 30 Country

9. Name and Address of Current Registered Agent

WEINER, EDWARD A  
 6870 SW 1ST CT  
 PEMBROKE PINES FL 33023

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City FL 85 Zip Code

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 title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

| TITLE | NAME             | STREET ADDRESS | CITY-ST-ZIP       | DELETE                   |
|-------|------------------|----------------|-------------------|--------------------------|
| PD    | WEINER, EDWARD A | 6870 SW 1ST CT | PEMBROKE PINES FL | <input type="checkbox"/> |
|       |                  |                |                   | <input type="checkbox"/> |
|       |                  |                |                   | <input type="checkbox"/> |
|       |                  |                |                   | <input type="checkbox"/> |
|       |                  |                |                   | <input type="checkbox"/> |
|       |                  |                |                   | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change                   | Addition                 |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |
|           |          |                    |                 | <input type="checkbox"/> | <input type="checkbox"/> |

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, with all other like empowered.

SIGNATURE: *[Handwritten Signature]*

2/17/99 954 474-8653

CR2E034 (11/98)