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

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	Mailing Address	i ibbirdat ind ibing zitet dann annt annt annt annt annt		
6870 SW 1ST OF PEMBROKE PINES FL 33023 US	6870 SW 1SF CT PEMBBOKE PINES FL 33023 US	DO NOT WRITE IN THIS SPACE		
		Date Incorporated or Qualified		
		07/06/1993		
2. Principal Place of Business	2a. Mailing Address	4. FEI Number		
21 5917 S.W. 44 51.	26	65-0428224		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	5. Certificate of Status Desired		
City & State 23 DAVICE FL.	City & State	6. Election Campaign Financing S5. Trust Fund Contribution Add		
Zip Country 24 333/4 25 USA	Zip Country	8. This corporation owes the current year Intangible Personal Property Tax.		
9. Name and Address of Curr	ent Registered Agent	10. Name and Address of New Registered Agent		
<u></u>	81 Name			

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

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. Principal Pla	cipal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
5917	7 S.W. 44 ST. 26				65-0428224	Not Applicable	
Suite, Apt. #					5 Additional		
		27			Fed	Required	
City & State	& State City & State			6. Election Campaign Financing 55.	00 May Be		
DAVI	Vice Fil. 28			Trust Fund Contribution Add	led to Fees		
Zip	Country	Zip Country			8. This corporation owes the current year Intangible		
333/	14 25 USA	29 30			Personal Property Tax.	∠ No	
Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent							
WEINER, EDWARD A 6870 SW 1ST CT PEMBROKE PINES FL 33023			8	1 Name		{	
			Ì	82 Street Address (P.O. Box Number is Not Acceptable)			
			1	Olifer Address (1.0. pox Hamber to Not Acceptable)			
			8	3			
			8	4 City	FL)85)	Zip Code	
<u> </u>	11	Land 607 1509 Florido Statutos	tho at	vo named o	corporation submits this statement for the purpose of changing	n its registered	
office or re	edistered agent, or both, in the State of	of Florida. Such change was auth	orized t	y the como	oration's board of directors. I hereby accept the appointment a	s registered	
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Florida	a Statut	2 8.		{	
SIGNATURE							
	Signature, typed or printed name of registered agent			ent signature re	equired when reinstating) DATE \ ADDITIONAL COLLABORS TO OFFICERS AND DIRE	CTOPS IN 12	
12.	OFFICERS AND		13.	.——-r	ADDITIONS/CHANGES TO OFFICERS AND DIRE		
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NAME			6.2 NAM	E ([
STREET ADDRESS			6.3 STR	ET ADDRESS		1	
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I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(5)(f), Fibrida Statutes. Fibrida 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 or an attachment with an address, with all other like empowered.

SIGNATURE: