FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT

1006



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

1990	
DOCUMENT	#

P93000074387 (0)

1. Corporation Name

PROTAX, INCORPORATED

Principal Place of Business Mailing Address 1750 UNIVERSITY DR 1300 NW 87TH TERRACE 118 CORAL SPRINGS FL 33071 CORAL SPRINGS FL 33071							
US					3. Date incorporated or Qualified 10/21/1993	3a. Date of Last Report 06/14/1995	
2. Principal Place	ce of Business	2a. Maling Address 26			4. FEI Number 65-0462063	Applied For	
		Suite Apt #, etc.	ot #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Crty & State		Oity & State			Flection Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Ziρ	Country	·····	8. This corporation has liability for	intangible tax under s. 199 032,	
24	0. Name and Address of Curren	[29]	30			□ No	
	9. Name and Address of Curren	t Hegistered Agent	81	Alma a	10. Name and Address of New F	legistered Agent	
I OPWZ	, Joseph		61	Name			
1300 NW 87TH TERRACE			82	Street Add	fress (P.O. Box Number is Not Acceptab	io)	
CORAL	SPRINGS FL 33071		83				
			84	City	·····	FL 85 Zip Code	
or registere	the provisions of Sections 607.0502 diagent, or both, in the State of Floris , and accept the obligations of, Secti	la. Such change was authori	ized by the con	named corpo poration's boa	oration submits this statement for the pur and of directors. I hereby accept the appr	pose of changing its registered office bintment as registered agent. I am	
	gridhire. Isped or printed trains of registered age : .	ensitte taya kashke (N	IÖ'E' Begenered Age	nt signature regar	ed where resistant gi	DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12	
TITLE	SWANSON, IRENE	☐ DELFTE	Uni Tef;€			Change 🔲 Addition	
NAME	1300 NW 87TH TERRACE		1.2 NAME				
STREET ADDRESS	CORAL SPRINGS FL 33071			ADORESS			
CITY-ST ZIP	\$		1.4 CUTY - 1	57 ZIP			
TOLE	LOPEZ, JOSETTE	☐ DECE1E	2 1 TITLE			Change Addition	
NAME	1300 NW 87TH TERRACE		2.2 NAME	-			
STREET ADDRESS	CORAL SPRINGS FL 33071		2.3 STHE?				
CHY-ST-ZIP T-TLE		☐ DELETE	2.4 CHY-1	ST ZIP			
NAME		L. FOLLOW	3 1 1 ILE			Changa Addition	
STREET ADDRESS			3.2 NAME				
CITY-ST-ZIP				LADORESS			
TITLE		☐ DELETE	4 1 TITLE	11 - ZIF		Change	
NAME			4.2 NAME			Citalige CitAddition	
STREET ADDRESS			. I	*DDDGECC			
CITY-ST-ZIP			4.3 STREET 4.4 CITY IS			ŀ	
TOTLE		DELETE	5 1 IFILE			Change Addition	
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP			5.4 CiTY - 9	1			
TITLE		☐ DELEI€	6 1 11/LE			Change Addition	
NAME		_	6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY CT 710			I				

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

14. If 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)(s). Fiorida Statutes: Flurther certify that the information indicated on this armust report or supplied ental 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 this corporation or the receiver of justed empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 the langed, or on an attachment with an address. 5-31-96 94-52-22