

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

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PROFIT CORPORATION ANNUAL REPORT 1999



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

APPROVED
FEB 15 1999

99 FEB 15 AM 11:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P93000074936

1. Corporation Name
PROTECTOR 2000, INC.

Principal Place of Business

Mailing Address

1200 W 49TH ST
HIALEAH FL 33012

1200 W 49TH ST
HIALEAH FL 33012

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

10/28/1993

4. FEI Number

65-0452577

Applied For
Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution

\$5.00 May Be Added to Fees

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

10. Name and Address of New Registered Agent

MACHADO, GUS
1200 WEST 49TH ST.
HIALEAH FL 33012

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 re-stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

PDST
MACHADO, GUS
1200 W 49TH ST
HIALEAH FL 33012

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TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP Change Addition

21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP Change Addition

31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP Change Addition

41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP Change Addition

51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP Change Addition

61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP Change Addition

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****150.00 ****150.00

DB
2-15-99

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:

GUS Machado
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

GUS Machado

2-2-99

(305) 822-3211

Date

Daytime Phone #

CR2E034 (11/98)