FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 FEB 27 PM 2:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000005467 (3)**

1. Corporation Name
PROTEX HOME SAFETY, INC.

Principal Place of Business	Mailing Address
2637 E. ATLANTIC BLVD., SUITE 129 POMPANO BEACH FL 33062	2637 E. ATLANTIC BLVD., SUITE 129 POMPANO BEACH FL 33062

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/21/1994
3a. Date of Last Report: NONE

2. Principal Place of Business (21): NONE
2a. Mailing Address (26): AS ABOVE
4. FEI Number: 65-0463307 ☐ Applied For ☐ Not Applicable
Suite, Apt. #, etc. (22)
Suite, Apt. #, etc. (27)
5. Certificate of Status Desired ☐ $8.75 Additional Fee Required
City & State (23)
City & State (28)
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
Zip (24) Country (25)
Zip (29) Country (30)
8. This corporation has liability for intangibles tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WERKSMAN, ALAN J
100 SW 12TH AVE.
SUIE 109
DEERFIELD BEACH FL 33442

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 _____ DATE
(Typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent's signature required when filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '95	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	ROSENBERG, RICHARD	12 NAME	
STREET ADDRESS	2637 E. ATLANTIC BLVD., SUITE 129	13 STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL 33062	14 CITY ST ZIP	
TITLE	~~D~~	21 TITLE	☐ Change ☐ Addition
NAME	~~OWENS, STEPHEN E~~	22 NAME	
STREET ADDRESS	~~2637 E. ATLANTIC BLVD., SUITE 129~~	23 STREET ADDRESS	
CITY ST ZIP	~~POMPANO BEACH FL 33062~~	24 CITY ST ZIP	
TITLE		31 TITLE	☒ Change ☐ Addition
NAME		32 NAME	D RUTH ROSENBERG
STREET ADDRESS		33 STREET ADDRESS	2637 E. ATLANTIC BLVD, STE. 129
CITY ST ZIP		34 CITY ST ZIP	POMPANO BEACH, FL 33062
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

14. I 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)(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: RICHARD ROSENBERG, Richard Rosenberg, DIR. Feb. 20/95 305-785-3917
SIGNATURE AND TYPED OR PRINTED NAME OF OFFICER OR DIRECTOR (Title) (Date) (Telephone Number)

0104300