

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

FILED
May 22 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000056343 (4)
 1. Corporation Name
PROTEC DETAILING, INC.



Principal Place of Business P.O. BOX 49131 JACKSONVILLE BEACH FL 32240	Mailing Address P.O. BOX 49131 JACKSONVILLE BEACH FL 32240-9131
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3. Date Incorporated or Qualified 07/29/1994	3a. Date of Last Report 07/18/1996
4. FEI Number 59-3257689	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input checked="" type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

21. Principal Place of Business 1015 ATLANTIC BLVD Suite, Apt. #, etc. # 133 City & State ATLANTIC BEACH Zip 32233	22. Mailing Address 1015 ATLANTIC BLVD Suite, Apt. #, etc. # 133 City & State ATLANTIC BEACH Zip 32233	25. Country USA	30. Country USA
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9. Name and Address of Current Registered Agent ROBERTSON, LANCE J 1015 ATLANTIC BLVD #133 ATLANTIC BEACH FL 32233		81. Name	10. Name and Address of New Registered Agent	
		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: *Lance J. Robertson* LANCE J. ROBERTSON President 4-25-97
 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETED
TITLE	DPST	<input type="checkbox"/>
NAME	ROBERTSON, LANCE J	
STREET ADDRESS	1015 ATLANTIC BLVD #133	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE	DV	<input type="checkbox"/>
NAME	ROBERTSON, KENDRA N	
STREET ADDRESS	1015 ATLANTIC BLVD #133	
CITY-ST-ZIP	ATLANTIC BEACH FL 32233	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
11. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
12. NAME			
13. STREET ADDRESS			
14. CITY-ST-ZIP			
2.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2. NAME			
2.3. STREET ADDRESS			
2.4. CITY-ST-ZIP			
3.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2. NAME			
3.3. STREET ADDRESS			
3.4. CITY-ST-ZIP			
4.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2. NAME			
4.3. STREET ADDRESS			
4.4. CITY-ST-ZIP			
5.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2. NAME			
5.3. STREET ADDRESS			
5.4. CITY-ST-ZIP			
6.1. TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2. NAME			
6.3. STREET ADDRESS			
6.4. CITY-ST-ZIP			

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*****170.00**

14. I do 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.
Lance J. Robertson LANCE J. ROBERTSON President 4-25-97

CR2E034 (9/96)