

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000000497 (4)**

1. Corporation Name
PRONATEC, INC.



Principal Place of Business: **8910 NO. DALE MABRY HIGHWAY STE. 30 TAMPA FL 33614**
Mailing Address: **8910 NO. DALE MABRY HIGHWAY STE. 30 TAMPA FL 33614**

3. Date Incorporated or Qualified: **01/01/1995**
3a. Date of Last Report
4. FEI Number: **59-3286713**
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21 **3110 Old Spring Place**
Suite, Apt. #, etc.
22
City & State
23 **Tampa, Florida 33618**
Zip Country
24 **33618** 25 **USA**
2a. Mailing Address
26 **P.O. Box 271821**
Suite, Apt. #, etc.
27
City & State
28 **Tampa, Florida**
Zip Country
29 **33688** 30 **USA**

9. Name and Address of Current Registered Agent
VOIGT-KUBLER, UTE E
8910 NO. DALE MABRY HIGHWAY STE. 30
TAMPA FL 33614
10. Name and Address of New Registered Agent
81 Name: **VOIGT-KUBLER, UTE E**
82 Street Address (P.O. Box Number is Not Acceptable): **3110 Old Spring Place**
83
84 City: **Tampa** FL 85 Zip Code: **33618**

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: _____
Signature typed or printed name of registered agent and their application (NOTE: Registered Agent's signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN '92	
TITLE	D <input type="checkbox"/> DELETE	1 1 TITLE	D <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VOIGT-KUBLER, UTE E	1 2 NAME	VOIGT-KUBLER, UTE E
STREET ADDRESS	8910 NO. DALE MABRY HIGHWAY STE. 30	1 3 STREET ADDRESS	3110 Old Spring Place
CITY - ST - ZIP	TAMPA FL 33614	1 4 CITY - ST - ZIP	Tampa, FL 33618
TITLE	<input type="checkbox"/> DELETE	2 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY - ST - ZIP		2 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY - ST - ZIP		3 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4 2 NAME	700001800227
STREET ADDRESS		4 3 STREET ADDRESS	-04/29/96--01135--032
CITY - ST - ZIP		4 4 CITY - ST - ZIP	***200.00
TITLE	<input type="checkbox"/> DELETE	5 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY - ST - ZIP		5 4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6 1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY - ST - ZIP		6 4 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)(k), 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: **Ute E. Voigt-Kubler** *Ute E. Voigt-Kubler* 3-1-96 (813) 932-0346
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)

4/29/96