

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: 24 33618 Country: 25 USA
2a. Mailing Address: 26 P.O. Box 271821
Suite, Apt. #, etc.:
27
City & State: 28 Tampa, Florida
Zip: 29 33688 Country: 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	VOIGT-KUBLER, UTE E	1 1 TITLE: D	VOIGT-KUBLER, UTE E <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: VOIGT-KUBLER, UTE E		12 NAME: VOIGT-KUBLER, UTE E	
STREET ADDRESS: 8910 NO. DALE MABRY HIGHWAY STE. 30		13 STREET ADDRESS: 3110 Old Spring Place	
CITY-ST-ZIP: TAMPA FL 33614		14 CITY-ST-ZIP: Tampa, FL 33618	
TITLE: <input type="checkbox"/> DELETE		2 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		22 NAME:	
STREET ADDRESS:		23 STREET ADDRESS:	
CITY-ST-ZIP:		24 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		3 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		32 NAME:	
STREET ADDRESS:		33 STREET ADDRESS:	
CITY-ST-ZIP:		34 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		4 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		42 NAME: 700001800227	
STREET ADDRESS:		43 STREET ADDRESS: -04/29/96--01135--032	
CITY-ST-ZIP:		44 CITY-ST-ZIP: ***200.00	
TITLE: <input type="checkbox"/> DELETE		5 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME:		52 NAME:	
STREET ADDRESS:		53 STREET ADDRESS:	
CITY-ST-ZIP:		54 CITY-ST-ZIP:	
TITLE: <input type="checkbox"/> DELETE		6 1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> 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)(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