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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P95000005949 (9)

PROTOTYPE & DIES KORP. INC.

Principal Place of Business

Mailing Address

FILED Feb 04 1998 8:00am Secretary of State



750 EAST SAMPLE ROAD BLDG. 6 BAY 77 POMPANO BEACH FL 33064		750 EAST SAMPLE ROAD BLDG. 6 BAY 77 POMPANO BEACH FL 33064			
FUMIFARO	DEMOTT LE SACOT	FOMPHING DENGTI FE SA		DO NOT WRITE IN THIS S	SPACE .
				3. Date incorporated or Qualified	
				01/24/1995	
2. Principal F	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0548493	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			Fee Required
City & Stat	t e ,	City & State		6. Election Campaign Financing	\$5.00 May Be
23	 	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid the curr	
24	25	29 30	0]		Yes X No
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
KICHTUNGER, PAUL U					
750 E SAMPLE RD			62 Street Ad	ddress (P.O. Box Number is Not Acceptable)	
BLDQ 7 BAY 1					
	POMPANO BEACH FL 33064		83		
	ı		84 City	FL	85 Zip Code
dd Distassant	to the provinces of Continue 607 0500	and CO7 1509 Florida Statutos	the above pamed as		abanaina ita ragistarad
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					
SIGNATORE	Signature, typed or printed name of registered ager	and little if applicable. (NOTE: R	Registered Agent signature re	quired when reinstating) DATE	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND	
TITLE	PVST	☐ DELETE	1.1 TITLE		Change Addition
NAME	KIGHTLINGER, PAUL D		1 2 NAME		
STREET ADDRESS	9700 PAVAROTTI TERRACE	STE. 204	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOYTON BEACH FL 33437		1.4 CiTY - ST - ZiP		
TITLE	0	☐ DELETÉ	2.1 TITLE		Change Addition
NAME	KIGHTLINGER, PAUL D		2.2 NAME		
STREET ADDRESS	9700 PAVAROTTI TERRACE	STE. 204	2.3 STREET ADDRESS		
CITY-ST-ZIP	BOYTON BEACH FL 33437	i	2.4 CITY - ST - ZIP		
TITLE		☐ DELET É	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - S1 - ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
NAME		 ·	6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
			6.4 CITY-ST-ZIP		
City-St-ZiP 14. I hereby	I certify that the information supplied with	h this filing does not qualify for t		in Section 119.07(3)(i), Florida Statutes. I further cer	rtify 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 it 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.					