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FILED
Feb 26, 1999 8:00 am
Secretary of State

02-26-1999 90022 001 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000075996

1. Corporation Name

PROTO-MACHINE & DESIGN, INC.

Principal Place of Business

12430 SOUTHWEST 20TH STREET
MIRAMAR FL 33027

Mailing Address

12430 SOUTHWEST 20TH STREET
MIRAMAR FL 33027

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

65-0611543

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 5924 S.W. 44th St.

Suite, Apt. #, etc.

22

City & State

23 Davie, Florida

Zip

24 33314-3607

Country

25 USA

2a. Mailing Address

26 3684 E. Valley Green Dr.

Suite, Apt. #, etc.

27

City & State

28 Davie, Florida

Zip

29 33328-2622

Country

30 USA

9. Name and Address of Current Registered Agent

MATTHEWS, JOHN P

12430 SOUTHWEST 20TH STREET
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

81 Name

MATTHEWS, JOHN P.

82 Street Address (P.O. Box Number is Not Acceptable)

3684 E. Valley Green Drive

83

84 City

DAVIE,

FL

85 Zip Code

33328

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

John P. Matthews

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Feb. 1 1999

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME MATTHEWS, JOHN P

STREET ADDRESS 12430 SOUTHWEST 20TH STREET

CITY-ST-ZIP MIRAMAR FL 33027

TITLE D ☒ DELETE

NAME MATTHEWS, MAVIS

STREET ADDRESS 12430 SOUTHWEST 20TH STREET

CITY-ST-ZIP MIRAMAR FL 33027

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

3684 E. Valley Green Drive

1.4 CITY-ST-ZIP

DAVIE, FLORIDA 33328-2622

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change

☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change

☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change

☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change

☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change

☐ Addition

14. I 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, with all other like empowered.

SIGNATURE:

John P. Matthews
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0295334