

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
May 01, 1999 8:00 am
Secretary of State

05-01-1999 90015 030 ***150.00

DOCUMENT # P97000069527

1. Corporation Name

PROTEX INVESTMENTS, INC.

Principal Place of Business

9500 NW 37TH CT
CORAL SPRINGS FL 33065

Mailing Address

9500 NW 37TH CT
CORAL SPRINGS FL 33065

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/11/1997

4. FEI Number

65-0775311

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WALSH, GERALD V
9500 NW 37TH CT
CORAL SPRINGS FL 33065

81 Name

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☐ DELETE
NAME ODINLO, NGOZI C
STREET ADDRESS NO 1A VIOLET YOUGH CLOSE-PO BOX 71719
CITY-ST-ZIP VICTORIA ISLD-LAGOS-NIGERIA

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ENEMOUH, OBIANUJU J
STREET ADDRESS NO 1A VIOLET YOUGH CLOSE-PO BOX 71719
CITY-ST-ZIP VICTORIA ISL-LAGOS-NIGERIA

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME NHAMADIM, OZO M
STREET ADDRESS NO-1A VIOLET YOUGH CLOSE-PO BOX 71719
CITY-ST-ZIP VICTORIA ISL-LAGOS-NIGERIA

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ODINLO, STELLA O
STREET ADDRESS NO 1A VIOLET YOUGH CLOSE-PO BOX 71719
CITY-ST-ZIP VICTORIA ISL-LAGOS-NIGERIA

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME ODINLO, JULIE N
STREET ADDRESS NO 1A VIOLET YOUGH CLOSE-P O BOX 71719
CITY-ST-ZIP VICTORIA ISL-LAGOS-NIGERIA

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

TITLE P ☐ DELETE
NAME LEWU, FUNMI I
STREET ADDRESS 411 NW 87TH TERR
CITY-ST-ZIP CORAL SPGS FL 33071

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/99

Date

954-255 1699

Daytime Phone #

CR2E034 (11/98)

0162431