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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## FILED Jul 06 1998 8:00am Secretary of State

**19**98 P97000078646 (1) DOCUMENT # 1. Corporation Name PROTEC SALES, INC. Principal Place of Business Mailing Address 3901 DAVIE BLVD. 3901 DAVIE BLVD FT. LAUDERDALE FL 33312 FT. LAUDERDALE FL 33312 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/10/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 8. This corporation owes or has paid the current year Intangible Zip Country Zip Country 24 Personal Property Tax due June 30. 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name ALTLAND, JACQUELINE 11481 N.W. 27TH CT. 82 Street Address (P.O. Box Number is Not Acceptable) **PLANTATION FL 33323** 83 84 City Zip Code 85 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 regish red agent and title it applicable (NOTE Registeric Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. TITLE DELETE 1111116 Change **ALTLAND, DAVE** NAME 1.2 NAME 11481 N.W. 27TH CT. 1.3 STREET ADDRESS STREET ADDRESS **PLANTATION FL 33323** CITY-ST-ZIP 1.4 CITY - S1 - ZIP DELETE Change Addition TITLE 2.1 TITLE **ALTLAND, JACQUELINE** 2 2 NAME NAME 11481 N.W. 27TH CT. STREET ADDRESS 2.3 STREET ADDRESS **PLANTATION FL 33323** CITY-ST-ZIP 2. 4 CITY-S1-ZIP DELETE Change Addition TITLE 3.1 TIBLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST- ZIP DELETE Change Addition TITLE 4.1 THLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 City - St - 7(P DELFTE ☐ Change Addition TITLE 6.1 TILLE 100002581641 NAME 6.2 NAME -07/07/98--01063--044 6.3 STREET ADDRESS STREET ADDRESS \*\*\*150.00 6.4 CITY-ST-ZIP CITY-ST-ZIP

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutos. 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 eath; that I am an officer or director of the corporation or the receiver or truetee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if chapter 6.0n an attachment will, an address,

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