

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

DOCUMENT # P98000058525

1. Corporation Name  
PROTECH PC, INC.

Principal Place of Business  
575 SOUTHWEST 180TH AVENUE  
PEMBROKE PINES FL 33029

Mailing Address  
575 SOUTHWEST 180TH AVENUE  
PEMBROKE PINES FL 33029

2. Principal Place of Business  
21 575 SW 180 Ave  
Suite, Apt. #, etc.  
22  
City & State  
23 Pembroke Pines, FL  
Zip 33029 Country USA  
24 33029 25 USA 29 33029 30 USA

2a. Mailing Address  
26 575 SW 180 Ave  
Suite, Apt. #, etc.  
27  
City & State  
28 Pembroke Pines, FL  
Zip 33029 Country USA

9. Name and Address of Current Registered Agent

THE PRENTICE-HALL CORPORATION SYSTEM, INC.  
1201 HAYS STREET  
TALLAHASSEE FL 32301

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	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	1.2 NAME			
STREET ADDRESS	1.3 STREET ADDRESS			
CITY-ST-ZIP	1.4 CITY-ST-ZIP			
TITLE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	2.2 NAME			
STREET ADDRESS	2.3 STREET ADDRESS			
CITY-ST-ZIP	2.4 CITY-ST-ZIP			
TITLE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	3.2 NAME			
STREET ADDRESS	3.3 STREET ADDRESS			
CITY-ST-ZIP	3.4 CITY-ST-ZIP			
TITLE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	4.2 NAME			
STREET ADDRESS	4.3 STREET ADDRESS			
CITY-ST-ZIP	4.4 CITY-ST-ZIP			
TITLE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	5.2 NAME			
STREET ADDRESS	5.3 STREET ADDRESS			
CITY-ST-ZIP	5.4 CITY-ST-ZIP			
TITLE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	6.2 NAME			
STREET ADDRESS	6.3 STREET ADDRESS			
CITY-ST-ZIP	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 and Typed or Printed Name of Signing Officer or Director

04/23/99  
Date

704-8344  
Daytime Phone #

0148332

CR2E034 (11/98)