

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

FILED
Apr 09 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V13289** (6)

1. Corporation Name
PRO TECH SECURITY & ENGRAVING, INC.

Principal Place of Business
**4631 NORTH WEST 31ST AVENUE
SUITE 314
FT. LAUDERDALE FL 33309**

Mailing Address
**4631 NORTH WEST 31ST AVENUE
SUITE 314
FT. LAUDERDALE FL 33309-3433**



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/10/1992	3a. Date of Last Report 07/08/1996
21. Suite, Apt. #, etc.	22. City & State	25. Suite, Apt. #, etc.	27. City & State	4. FEI Number 65-0313700	Applied For Not Applicable
23. Zip	24. Country	26. Zip	28. Country	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
FABEL, SHERRY CARR 4631 N.W. 31ST AVENUE SUITE 314 FT. LAUDERDALE FL 33309		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 fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P
NAME	FABEL, ROGER T.	1.2 NAME	FABEL, ROGER T.
STREET ADDRESS	4360 NW 60 ST.	1.3 STREET ADDRESS	648 NW 100 LANE
CITY - ST - ZIP	FT. LAUDERDALE FL	1.4 CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	VP	2.1 TITLE	VP
NAME	FABEL, SHERRY C.	2.2 NAME	FABEL, SHERRY C.
STREET ADDRESS	4360 NW 60 ST.	2.3 STREET ADDRESS	648 NW 100 LANE
CITY - ST - ZIP	FT. LAUDERDALE FL	2.4 CITY - ST - ZIP	CORAL SPRINGS FL 33071
TITLE	MD	3.1 TITLE	MD
NAME	FABEL, DAVID A.	3.2 NAME	FABEL, DAVID A.
STREET ADDRESS	6111 NW 43 AVE.	3.3 STREET ADDRESS	7206 Westwood Dr
CITY - ST - ZIP	FT. LAUDERDALE FL	3.4 CITY - ST - ZIP	TAMARAC, FL 33321
TITLE	OM	4.1 TITLE	OM
NAME	FABEL, ADAM T.	4.2 NAME	FABEL, ADAM T.
STREET ADDRESS	4360 NW 60 ST.	4.3 STREET ADDRESS	8203 NW 91 Ave
CITY - ST - ZIP	FT. LAUDERDALE FL	4.4 CITY - ST - ZIP	TAMARAC, FL 33321
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

Roger T Fabel

ROGER T FABEL

4/3/97 954 752 2501

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)