

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mertham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P92000011074 (1)**

1. Corporation Name  
**PRESTRESS SYSTEMS OF FLORIDA, INC.**



Principal Place of Business  
**11547 CHARLIES TERRACE  
FT MYERS FL 33907**

Mailing Address  
**11547 CHARLIES TERRACE  
FT MYERS FL 33907**

|  |  |
|--|--|
| 3. Date of Incorporation or Qualification<br><b>12/09/1992</b>   | 3a. Date of Last Report<br><b>04/28/1995</b> |
| 4. FET Number<br><b>65-0375191</b>   | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>  | <b>\$8.75</b> Additional Fee Required        |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00</b> May Be Added to Fees           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No |  |

2. Principal Place of Business

21 **16603 Old US 41**  
Suite, Apt. #, etc.

22

23 **FORT MYERS, FL**  
City & State

24 **33912** 25 **LEE**  
Zip Country

2a. Mailing Address

26 **16603 Old US 41**  
Suite, Apt. #, etc.

27

28 **FORT MYERS, FL**  
City & State

29 **33912** 30 **LEE**  
Zip Country

9. Name and Address of Current Registered Agent

**JOHNSTON, THEODORE  
11547 CHARLIES TERRACE  
FT MYERS FL 33907**

10. Name and Address of New Registered Agent

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 607.082, 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. Said 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 provisions of, Section 607.082, Florida Statutes.

SIGNATURE *Theodore Johnston*

DATE **3-11-96**

12. OFFICERS AND DIRECTORS

|                |                                 |  |
|----------------|---------------------------------|--|
| TITLE          | <b>PD</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>JOHNSTON, THEODORE</b>       |  |
| STREET ADDRESS | <b>11547 CHARLIES TERRACE</b>   |  |
| CITY- ST- ZIP  | <b>FT MYERS FL</b>              |  |
| TITLE          | <b>VD</b>                       | <input type="checkbox"/> DELETE            |
| NAME           | <b>VAN HOOK, JAY</b>            |  |
| STREET ADDRESS | <b>6701 MEDLAR DR.</b>          |  |
| CITY- ST- ZIP  | <b>NEW PORT RICHEY FL 33907</b> |  |
| TITLE          | <b>STD</b>                      | <input type="checkbox"/> DELETE            |
| NAME           | <b>GEIST, TRISH J.</b>          |  |
| STREET ADDRESS | <b>11547 CHARLIES TERRACE</b>   |  |
| CITY- ST- ZIP  | <b>FORT MYERS FL</b>            |  |
| TITLE          | <b>TD</b>                       | <input checked="" type="checkbox"/> DELETE |
| NAME           | <b>MUNGER, THOMAS L</b>         |  |
| STREET ADDRESS | <b>1721 NEWBERGER ROAD</b>      |  |
| CITY- ST- ZIP  | <b>LUTZ FL 33549</b>            |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY- ST- ZIP  |                                 |  |
| TITLE          |                                 | <input type="checkbox"/> DELETE            |
| NAME           |                                 |  |
| STREET ADDRESS |                                 |  |
| CITY- ST- ZIP  |                                 |  |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                   |  |
|-------------------|--|
| 11 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME           |  |
| 13 STREET ADDRESS |  |
| 14 CITY- ST- ZIP  |  |
| 21 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 22 NAME           |  |
| 23 STREET ADDRESS |  |
| 24 CITY- ST- ZIP  |  |
| 31 TITLE          | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 32 NAME           |  |
| 33 STREET ADDRESS | <b>5274-2 CEDARWOOD DR</b>   |
| 34 CITY- ST- ZIP  | <b>FORT MYERS, FL 33919</b>  |
| 41 TITLE          | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 42 NAME           |  |
| 43 STREET ADDRESS |  |
| 44 CITY- ST- ZIP  |  |
| 51 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 52 NAME           | <b>MORGAN, DENNIG</b>  |
| 53 STREET ADDRESS | <b>16966 SE 19th Ct.</b>   |
| 54 CITY- ST- ZIP  | <b>Summit Ridge, FL 34119</b>  |
| 61 TITLE          | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 62 NAME           | <b>PIZZUTO, SAMUEL</b>   |
| 63 STREET ADDRESS | <b>711 South Lake Cir</b>  |
| 64 CITY- ST- ZIP  | <b>VIALLI, IA 32897</b>  |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 as an attachment with an address.

SIGNATURE: *Trish J Geist* **TRISH J GEIST**

DATE: **3-11-96** (941) 487-1660

CR2E034 (12/95)