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Secretary of State

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PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P92000011074

1. Corporation Name
PRESTRESS SYSTEMS OF FLORIDA, INC.



Principal Place of Business
 16603 OLD US 41
 FT MYERS FL 33912
 US

Mailing Address
 16603 OLD US 41
 FT MYERS FL 33912
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	12/09/1992	
22	City & State	27	City & State	4. FEI Number	Applied For
23	Zip	28	Zip	65-0375191	Not Applicable
24	Country	29	Country	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
25		30		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent				8. This corporation owes the current year intangible Personal Property Tax. <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	
JOHNSTON, THEODORE 11547 CHARLIES TERRACE FT MYERS FL 33907		81	Name
		82	Street Address (P.O. Box Number is Not Acceptable)
		83	
		84	City
		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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSTON, THEODORE	1.2 NAME	
STREET ADDRESS	11547 CHARLIES TERRACE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT MYERS FL	1.4 CITY-ST-ZIP	33907
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	VAN HOOK, JAY	2.2 NAME	
STREET ADDRESS	6701 MEDLAR DR.	2.3 STREET ADDRESS	
CITY-ST-ZIP	NEW PORT RICHEY FL 33907	2.4 CITY-ST-ZIP	34653
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GEIST, TRISH J.	3.2 NAME	
STREET ADDRESS	5274-2 CEDARBEND DR	3.3 STREET ADDRESS	5317 CHIPPENDALE CIRCLE
CITY-ST-ZIP	FT MYERS FL	3.4 CITY-ST-ZIP	FORT MYERS, FL 33919
TITLE	VD <input type="checkbox"/> DELETE	4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORGAN, DENNIS	4.2 NAME	
STREET ADDRESS	16966 SE 19TH CT	4.3 STREET ADDRESS	18330 TELEGRAPH CREEK LANE
CITY-ST-ZIP	SUMMERFIELD FL	4.4 CITY-ST-ZIP	ALVA, FL 33920
TITLE	VD <input type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIZZUTO, SAMUEL	5.2 NAME	
STREET ADDRESS	18605 ORIOLE RD	5.3 STREET ADDRESS	13800 HICKORY PIN LANE
CITY-ST-ZIP	FT MYERS FL	5.4 CITY-ST-ZIP	FORT MYERS, FL 33912
TITLE	<input type="checkbox"/> DELETE	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: Trish J. Geist DATE: 3-31-99 (941) 437-0660
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/98)