## 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 # V57266

PRESSCONTROL, INC.

Principal	Place	٥f	Rucin	1000

## **FILED** Mar 22, 1999 8:00 am Secretary of State

03-22-1999 90067 015 \*\*\*150.00



		_				<u> </u>				
Principal Place	e of Business	Ma	ailing Address							
% 5824 BEE RIDGE ROAD. SUITE 241 % 5824 BEE RIDGE ROAD. S SARASOTA FL 34233 US US US			SUITE 2	41		DO NOT WRITE IN TH	IS SPACE			
00		00					3. Date Incorporated or Qualifed			
							08/07/1992			
2. Principal P	lace of Business	2a.	Mailing Address				4. FEI Number		Applie	d For
21		26					<u>59-3157548</u> <u>\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \</u>			pplicable
Suite, Apt.	#, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired		5 Add	
22		27							Requi	
City & Stat	ė	. 📙	City & State				6. Election Campaign Financing		00 ма	
23		28					Trust Fund Contribution		ed to F	ees
Zip	Country	-	Zip		intry		8. This corporation owes the current year	Intangible	<b>\</b>	Nο
24	25 25 25 Curre	29	tored Agent	30	_		Personal Property Tax.  10. Name and Address of New Registere		_4	
	9. Name and Address of Curre	int Kegis	reian wheilt		81	Name	-4- Maile and Complete of their confidence			
BISH	IOP, E.J.		•							
	ROLLING GREEN CIRCLE				82	Street Addr	ress (P.O. Box Number is Not Acceptable)			
	ASOTA FL 34240				83					-
								<u>, , , , , , , , , , , , , , , , , , , </u>		
					84	City	F	85 2	Zip Cod	le ]
44 Durayant	As the provisions of Sections 507.05	O2 and 6	07 1508 Florida Statut	e the	bove	a-named com	oration submits this statement for the purpose	of changing	its rec	istered
office or r	registered agent, or both, in the Statem familiar with, and accept the oblig	e of Florid	la. Such change was a	utnonze	עסג	the corporation	on's board of directors. I hereby accept the app	ointment a	s regist	ered
SIGNATURE										[
	Signature, typed or printed name of registered ag		<u> </u>		Agen	t signature require	d when reinstating) DATE	AND DIDE	OTOD	111140
12.	OFFICERS A	ND DIRE		13.			ADDITIONS/CHANGES TO OFFICERS			Addition
TITLE	P		☐ DELETE	1.1 Ti				☐ Char	ige	Add:dolt
NAME	BISHOP, E.J.	_		1.2 N						}
STREET ADDRESS	1	.E		1.3 S	TREET	ADDRESS				ļ
CITY-ST-ZIP	SARASOTA FL 34240			_	TY-S	T-ZIP		☐ Char		Addition
TITLE	ST		☐ DELETE	2.1 Ti				∐ Снаг	.ge	[_] Addition ;
NAME	BISHOP, JEANNE C	_		2.2 N						ļ
STREET ADDRESS		E		1		ADDRESS	المن المن المن المن المناسبة			ĺ
CITY-ST-ZIP	SARASOTA FL 34240				TY-S	T-ZIP		☐ Char		Addition
TITLE	D D		☐ D€LETE	3.1 T		1			ige	
NAME	COMMON, RUTH M			3.2 N						1
STREET ADDRESS	4551 DEER TRAIL BLVD					ADDRESS				}
CITY-ST-ZIP	SARASOTA FL		□ nerete	_	my-s	T-ZIP		☐ Char	nge	Addition
TITLE			☐ DELETE	4.1 T					,g~	
NAME				J	IAME		•			ļ
STREET ADDRESS						ADDRESS				ŀ
CITY-ST-ZIP			☐ DELETE		ITY-S	T-ZIP		☐ Char	006	Addition
TITLE			☐ DELETE	5.1 T				<b>3</b> ,101	-g	
NAME						ADDRESS				
STREET ADDRESS										
CITY-ST-ZIP	7 7 1 1		Doctor	6.1 T	ΠY-S TIF	1-21		Char		Addition
TITLE (1946)	Lig Electr		☐ DELETÉ	6.2 N					,9-5	
NAME (1)	Elica Server Bash			i i		*DODESE				ĺ
STREET ADDRESS						ADDRESS				
CITY_ST_7IP	i			■ 6.4 C	ITY-S	1-411				(

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:

1-941-371-8992