

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	
AMENDED DOCUMENT # 163056 1. Corporation Name DURA-STRESS, INC.		AMENDED ANNUAL REPORT 1999	
Principal Place of Business 11325 CR 44 P.O. BOX 490779 LEESBURG FL 34749-7779		Mailing Address 11325 CR 44 P.O. BOX 490779 LEESBURG FL 34749-7779	

FILED

59 JUN 17 AM 9:28

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business [21] Suite, Apt. #, etc. [22] City & State [23] Zip [24] Country		2a. Mailing Address [26] P.O. Box 490779 [27] Suite, Apt. #, etc. [28] City & State [29] Zip [30] Country		3. Date Incorporated or Qualified 10/05/1950	
4. FEI Number 59-0763463		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 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 SUMMERS, GARY L ESO. WILLIAMS, SMITH AND SUMMERS, P.A. 380 WEST ALFRED STREET TAVARES FL 32778-3298			
10. Name and Address of New Registered Agent [81] Name [82] Street Address (P.O. Box Number is Not Acceptable) [83] [84] City [85] Zip Code		[85] Zip Code FL			

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			
[] DELETE				[X] Change [] Addition			
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE D/P 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP			
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP				2.1 TITLE V 2.2 NAME 300002915143--5 -06/25/99--01006--005 *****61.25 *****61.25			
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP				3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP			
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP				4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP				5.1 TITLE D/S/T 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP			
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP				6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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

1-10-99

352 787-1425