

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

FILED
Jul 30 1997 8:00am
Secretary of State

DOCUMENT # K49082

(6)

1. Corporation Name
SOUTHERN PRESTRESSED, INC.



Principal Place of Business
128 AIRPORT BLVD.
PENSACOLA FL 32513

Mailing Address
~~201 DEFENSE HWY~~
~~SUITE 100~~
~~ANNAPOLIS MD 21401~~
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 Suite, Apt. #, etc.		26 1260 Turret Dr.		12/01/1988		04/23/1996	
22 City & State		27		4. FEI Number		Applied For	
23 Zip		28 Rockford, Illinois		59-2919444		Not Applicable	
24 Country		29 61115		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
		30 Winnebago		6. Election Campaign Financing		<input type="checkbox"/> \$5.00 May Be Added to Fees	
				Trust Fund Contribution		<input type="checkbox"/>	
				8. This corporation owes or has paid the current year intangible		<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
				Personal Property Tax due June 30.			

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
FULLER, JEFFREY C/O FULLER, SWINDLE & HOLTONBACK 100 NORTH TAMPA STREET SUITE 2050 TAMPA FL 33602				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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	C	<input type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	KORHONEN, ARTO		1.2 NAME				
STREET ADDRESS	128 AIRPORT BLVD		1.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		1.4 CITY-ST-ZIP				
TITLE	T	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	JARVI, JUHANI		2.2 NAME	George T. Beatty			
STREET ADDRESS	201 DEFENSE HWY #100		2.3 STREET ADDRESS	1260 Turret Dr.			
CITY-ST-ZIP	ANNAPOLIS MD		2.4 CITY-ST-ZIP	Rockford, IL 61115			
TITLE	S	<input type="checkbox"/> DELETE	3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BELL, IRA		3.2 NAME				
STREET ADDRESS	200 DEFENSE STREET #2100		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHICAGO IL		3.4 CITY-ST-ZIP				
TITLE	P	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	MATTILA PERTTI.		4.2 NAME	Kimmo Sjoroos			
STREET ADDRESS	128 AIRPORT BLVD		4.3 STREET ADDRESS	1260 Turret Dr.			
CITY-ST-ZIP	PENSACOLA FL		4.4 CITY-ST-ZIP	Rockford, IL 61115			
TITLE	T	<input type="checkbox"/> DELETE	5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HORSTIA, HEIKKI		5.2 NAME				
STREET ADDRESS	128 AIRPORT BLVD		5.3 STREET ADDRESS				
CITY-ST-ZIP	PENSACOLA FL		5.4 CITY-ST-ZIP				
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 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 holder 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: _____

SIGNATURE REQUIRED

7-23-97 (815)654-8300

CR2E034 (4/97)