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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

141

SOUTH FLORIDA PRESSURE CL C. Principal Place of Business 4530 N. HATUS RD. SUITE 106 SUNRISE FL 33351 US		Mailing Address 4530 N. HIATUS RD. SUITE 106 SUMRISE FL 33351				
		US		3. Date incorporated or Qualified 03/12/1990	3a. Date of Last 05/01/1	
2. Principal F	Place of Business	2a. Malling Address	0	4. FEI Number	00/0//	Applied For
Suite, Apt.	+ of circle 1)	0C 26 135 7 53 Suite, Apt. #, etc.	rang Circle Dr	65-0186597		Not Applicabl
22		27	~	5. Certificate of Status Desired	1 1	'5 Additional ∃ Required
3 Coro	1 Sarings, FI	28 CO(CL) S	Drings, FI	Election Campaign Financing Trust Fund Contribution	_[] \$5.6	00 May Be led to Fees
4 336	25 1)	29 238071	30 Osluntry	8. This corporation has liability for		s 199.032,
	9. Name and Address of Currer			Florida Statutes Yes 10. Name and Address of New R	No Registered Agent	
TOALE, JAMES C. 1257 SPRING CIRCLE DRIVE CORAL SPRINGS FL 33071 11. Pursuant to the provisions of Sections 607.0502 and 60 or registered agent, or both, in the State of Florida. Suct familiar with, and accept the obligations of, Section 607.		and 607 1508 Florida Sta	84 City	ress (P.O. Box Number is Not Acceptab	85 7	'ıρ Code
or register	red agent, or both, in the State of Florid	da. Such charine was autho	rules, the above hamed corpor	ration submits this statement for the pur	pose of changing its	registered office
familiar wi	Signature typed or printed name of registered egent	and title If applicable.				d agent, Lam
12.		end tille if applicacie. DIDIRECTORS	NOTE: Registured Agent signature required 13.		74441	·····
12. ITLE IAME TREET ADDRESS	OFFICERS AND TOALE, JAMES C. 1257 SPRING CIRCLE DRIVE	and title If applicable.	NOTE Registured Agent argusture require 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS	d when reinstating)	74441	······································
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is true and accurate and that my signature shall have the same legal effect as if made under red to execute this report as required by Chapter 607, Florida Statutes; and that my name (954)

Control of the same (954)

Statutes: A statutes and that my name (954)

Statutes: A statutes and that my name (954)

Statutes: A statutes and that my name (954) appears in Block 12 or Block 13 if thanged, or on an attachment with an address.

SIGNATURE:

TURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR