FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # P94000022708 (9)

1. Corporation Name

PRESTRESSED SYSTEMS, INC.

Principal Place of Business	Mailing Address
1731 W COPANS RD SUITE 206 POMPANO BCH FL 33064 US	~~1731 W COPANS RD~~ ~~SUITE 206~~ ~~POMPANO BCH FL 33064~~ ~~US~~

2. Principal Place of Business	2a. Mailing Address
21 SAME	26 4300 NW 23RD AVE
Suite, Apt. #, etc. 22	Suite, Apt. #, etc 27 SUITE 518
City & State 23	City & State 28 GAINESVILLE FL
Zip 24 / Country 25	Zip 29 32606 / Country 30 USA

3. Date Incorporated or Qualified: 03/23/1994
3a. Date of Last Report: 02/13/1995
4. FEI Number: 65-0488906 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☒ $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

COMPTON, CHARLES
4001 S.W. 47TH AVE.
SUITE 206
FT. LAUDERDALE FL 33314

10. Name and Address of New Registered Agent

81 Name: ELLIOT GOLDSTEIN
82 Street Address (P.O. Box Number is Not Acceptable): 4300 NW 23 RD AVE
83 SUITE 518
84 City: GAINESVILLE FL 85 Zip Code: 32606

11. Pursuant to the provisions of Section 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: Elliot Goldstein, V.P. & Dir. 3-22-96
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required for electronic filing) DATE

12. OFFICERS AND DIRECTORS		
TITLE	DP	☒ DELETE
NAME	GOLDSTEIN, ELLIOT	
STREET ADDRESS	1731 W COPANS RD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE	VP	☒ DELETE
NAME	COMPTON, CHARLES L	
STREET ADDRESS	1731 W COPANS RD	
CITY-ST-ZIP	POMPANO BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	PRESIDENT & DIRECTOR	☐ Change ☒ Addition
1.2 NAME	RAYMOND TORRES	
1.3 STREET ADDRESS	1731 W COPANS RD	
1.4 CITY-ST-ZIP	POMPANO BEACH, FL	
2.1 TITLE	VICE PRESIDENT & DIRECTOR	☒ Change ☐ Addition
2.2 NAME	ELLIOT GOLDSTEIN	
2.3 STREET ADDRESS	1731 W COPANS RD	
2.4 CITY-ST-ZIP	POMPANO BEACH, FL.	
3.1 TITLE	SECRETARY & DIRECTOR	☐ Change ☒ Addition
3.2 NAME	DEBORAH COMPTON	
3.3 STREET ADDRESS	1731 W COPANS RD	
3.4 CITY-ST-ZIP	POMPANO BEACH, FL	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME	900001759829	
6.3 STREET ADDRESS	-03/27/96--01083--009	
6.4 CITY-ST-ZIP	***208.75	

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Raymond Torres RAYMOND TORRES 3-10-96 (904)378-5486
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #