

NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000025311

ORDER PRESSURE OF MARGATE, INC.

Principal Place of Business
76TH STREET
E FL 33068

Mailing Address
6790 SW 6TH STREET
MARGATE FL 33068

FILED
Sep 07, 1999 8:00 am
Secretary of State

09-07-1999 90002 004 ***550.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 03/20/1997	
4. FEI Number 65-0742422	Applied For Not Applicable
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent VAZQUEZ, EDWARD 6790 SW 6TH STREET MARGATE FL 33068	
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

I, the undersigned, being a resident qualified person, do hereby certify that the information furnished in this statement is true and correct to the best of my knowledge and belief, and I am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE		(NOTE: Registered Agent signature required when reinstating)		DATE	
OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
ADDRESS IP	D VAZQUEZ, EDWARD 6790 SW 6TH STREET MARGATE FL 33068	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	1.2 NAME		
		<input type="checkbox"/> DELETE	1.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	1.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
ADDRESS IP		<input type="checkbox"/> DELETE	2.2 NAME		
		<input type="checkbox"/> DELETE	2.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	2.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	3.2 NAME		
ADDRESS IP		<input type="checkbox"/> DELETE	3.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	3.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	4.2 NAME		
		<input type="checkbox"/> DELETE	4.3 STREET ADDRESS		
ADDRESS IP		<input type="checkbox"/> DELETE	4.4 CITY-ST-ZIP		
		<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	5.2 NAME		
		<input type="checkbox"/> DELETE	5.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	5.4 CITY-ST-ZIP		
ADDRESS IP		<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
		<input type="checkbox"/> DELETE	6.2 NAME		
		<input type="checkbox"/> DELETE	6.3 STREET ADDRESS		
		<input type="checkbox"/> DELETE	6.4 CITY-ST-ZIP		

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.

NATURE: *Electronic Filing REQUIRED* 8/31 954-5576222

CR2E034 (5/99)