

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

FILED  
May 04, 1999 8:00 am  
Secretary of State

05-04-1999 90124 012 \*\*\*150.00

DOCUMENT # P98000013334

1. Corporation Name  
PRESSURE WORKS, INC.

Principal Place of Business  
1340 WATERWAY COVE DRIVE  
WELLINGTON FL 33414

Mailing Address  
1340 WATERWAY COVE DRIVE  
WELLINGTON FL 33414

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

65-0812244

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 owes the current year Intangible  
Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

WIENER, DAVID J  
1400 CENTREPARK BOULEVARD, SUITE 1000  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

David J. Wiener

82 Street Address (P.O. Box Number is Not Acceptable)

2401 PGA Blvd

83

Suite 280

84 City

Palm Beach Gardens FL

85 Zip Code

33410

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 of registered agent or registered agent if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

Registered Agent

4-15-99

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME  
CAPUANO, JOHN A  
STREET ADDRESS  
1340 WATERWAY COVE DRIVE  
CITY-ST-ZIP  
WELLINGTON FL 33414

TITLE D ☐ DELETE

NAME  
CAPUANO, JOANNE M  
STREET ADDRESS  
1340 WATERWAY COVE DRIVE  
CITY-ST-ZIP  
WELLINGTON FL 33414 +

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 ☐ Change ☐ Addition

1.2 NAME  
Capuano, John A.  
1.3 STREET ADDRESS  
220 Las Palmas Street  
1.4 CITY-ST-ZIP  
Royal Palm Beach, FL 33411

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME  
Capuano, Joanne M  
2.3 STREET ADDRESS  
220 Las Palmas Street  
2.4 CITY-ST-ZIP  
Royal Palm Beach, FL 33411

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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  
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: By: JOANNE M. CAPUANO Director

4-15-99

561-624-9500

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0368653