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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P98000049056

1. Corporation Name

PRESSURE MASTERS, INC.

Principal Place of Business		Mailing Address						
9850 SW 2ND ST.		9650 SW 2ND ST.						
PLANTATION FL 33324		PLANTATION FL 33324		DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qu	ıalifed		
					05/29/1998			Į
2. Principal P	lace of Business	2a. Mailing Address			4. FEI Number	<u> </u>	App	olied For
21		26		650834	Sal	Not	Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certifcate of Status Des	ired \Box	-\$8.75 A		
		27		5. Certificate of Status Des		Fee Red	quired	
City & State		City & State			6. Election Campaign Fina	ncing.	\$5.00 t	
23		28		Trust Fund Contribution		Added to	o Fees	
Zip	Country	Zip	Country	У	8. This corporation owes to	ne current year		□No
24	25		30	_	Personal Property Tax.	Nou Pagista		
	9. Name and Address of Curr	rent Registered Agent	81	I Name	10. Name and Address of	New Keyister	ea Agent	
•	REWS, CURTIS		"	I Wallie				
9850 SW 2ND ST.			82 Street Addr		dress (P.O. Box Number is Not A	(cceptable)		
PLANTATION FL 33324			83	1				———
,			100	1				
			84	1 City			85 Zip C	Code
44 ***	to the provisions of Sections 607.0	PEOD and CO7 1EDR Florida Statuta	e the abou	re-pamed cor	moration submits this statement	for the numos	of changing its	registered
office or r	to the provisions of Sections 607.0 egistered agent, or both, in the Sta im familiar with, and accepy the obli-	ite of Floriga) Such change was at	thorized by	the corporat	tion's board of directors. I hereb	accept the ap	pointment as reg	gistered
ogont La	m familiar with, and accept the obli	iantions of Rection 607 0505. Flor				,,,,		
agent. i a	I I CA I A I A A		lua Siaible:	S.		4115	199	
SIGNATURE	- I Marked Co		5			4/5 DATE	199	
SIGNATURE	Signature, triped or printed name of registered a		5		ired when reinstating) ADDITIONS/CHANGES	DATE	177	
	Significate, typed or printed name of registered a	agent and tightapplicable. (NOTE:	Registered Age		ired when reinstating)	DATE	177	
SIGNATURE	Stortive, bred or printed name of registered of OFFICERS	agent and (tle/Asphicable. NOTE:	Registered Age	ent signature requi	ired when reinstating)	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	Signature, broad of printed name of registered a OFFICERS. D. P. ANDREWS, CURTIS	agent and (tle/Asphicable. NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when reinstating)	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS	Storting Dipod or printed name of registered a OFFICERS D. P. ANDREWS, CURTIS 9850 SW 2ND ST.	agent and (tle/Asphicable. NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME	ent signature requi	ired when reinstating)	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME	OFFICERS D, P ANDREWS, CURTIS 9850 SW 2ND ST. PLANTATION FL 33324	agent and (tle/Asphicable. NOTE:	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requi	ired when reinstating)	DATE	AND DIRECTOR	RS IN 12
SIGNATURE 12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	OFFICERS D, P ANDREWS, CURTIS 9850 SW 2ND ST. PLANTATION FL 33324 D, ST	opent and (Igh Applicable). (MOTE: AND DIRECTORS DELETE	Registered Age 13. 1.1 TITLE 1.2 NAME 1.3 STREE	ent signature requi	ired when reinstating)	DATE	AND DIRECTOR	RS IN 12
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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 changes, or on an attachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP