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 # **V62326** **(6)**

1. Corporation Name

PRESSURE-EYE'S, INC.

Principal Place of Business	Mailing Address
2450-B SE FEDERAL HWY STUART FL 34994	2450-B SE FEDERAL HWY STUART FL 34994

2. Principal Place of Business	2a. Mailing Address
21 3348 NW Fed Hwy	26 3348 NW Fed Hwy
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Jensen Bch. FLA	City & State 28 Jensen Bch Fla.
Zip 24 34957 / Country 25 Martin	Zip 29 34957 / Country 30

3. Date Incorporated or Qualified: 09/09/1992
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0354723 ☐ 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

FRANG, DAVID
2065 S W OLYMPIC CLUB TER
SUITE 205 A
PALM CITY FL 34990

10. Name and Address of New Registered Agent

81 Name: TODD CONDON
82 Street Address (P.O. Box Number Is Not Acceptable): 3348 NW Fed Hwy
83
84 City: Jensen Bch FL 85 Zip Code: 34957

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: TODD CONDON 3-18-96
Signature, Typed or Printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when name changed) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	CONDON, TODD		1.2 NAME	
STREET ADDRESS	256 SW CRESCENT AVE		1.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		1.4 CITY-ST-ZIP	
TITLE	DV	☒ DELETE	2.1 TITLE	DV ☒ Change ☐ Addition
NAME	FANG, DAVID		2.2 NAME	Fang David
STREET ADDRESS	2065 SW OLYMPIC CLUB TER		2.3 STREET ADDRESS	3303 Hoskins Holler apt D
CITY-ST-ZIP	PALM CITY FL		2.4 CITY-ST-ZIP	Orlando FL 32826
TITLE	DS	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	LI, JAMES K		3.2 NAME	
STREET ADDRESS	1966 SE CAMDEN ST		3.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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: TODD CONDON 3 18 96 407 692-9500
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)