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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **585107** **(6)**

1. Corporation Name

EQUITIES PERFORMANCE COMPANY

Principal Place of Business	Mailing Address
1555 PALM BEACH LAKES BLVD..STE. 1100 P.O. BOX 3267 WEST PALM BEACH FL 33402	1555 PALM BEACH LAKES BLVD..STE. 1100 P.O. BOX 3267 WEST PALM BEACH FL 33402

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22	27
City & State	City & State
23	28
Zip / Country	Zip / Country
24 / 25	29 / 30

3. Date Incorporated or Qualified: **09/01/1978**

3a. Date of Last Report: **04/17/1995**

4. FEI Number: **59-1848205** [ ] Applied For [ ] Not Applicable

5. Certificate of Status Desired: [X] **$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 [X] No

9. Name and Address of Current Registered Agent

ECCLESTONE, E.L., JR.
1555 PALM BEACH LKS BLVD., SUITE 1100
WEST PALM BEACH, FL. KG 33401

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

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, typed or printed name of Registered Agent, and title if applicable) (NOTE: Registered Agent signature required for filing) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	DCP	[ ] DELETE	1.1 TITLE		[ ] Change	[ ] Addition
NAME	ECCLESTONE, E L JR		1.2 NAME			
STREET ADDRESS	1555 PALM BCH LKS BLVD.		1.3 STREET ADDRESS			
CITY-ST-ZIP	W.PALM BCH FL		1.4 CITY-ST-ZIP			
TITLE	~~S~~	[ ] DELETE	2.1 TITLE	VS	XX Change	[ ] Addition
NAME	LEYENDECKER, HELENA		2.2 NAME			
STREET ADDRESS	1555 PALM BCH LKS BLVD.		2.3 STREET ADDRESS			
CITY-ST-ZIP	W.PALM BCH FL		2.4 CITY-ST-ZIP			
TITLE	VDT	[ ] DELETE	3.1 TITLE		[ ] Change	[ ] Addition
NAME	COOPER, RON		3.2 NAME			
STREET ADDRESS	1555 PALM BCH LKS BLVD		3.3 STREET ADDRESS			
CITY-ST-ZIP	W. PALM BCH. 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			

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)(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.

SIGNATURE: Ron Cooper 4/1/96 407/686-2000

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #