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Feb 08, 1999 8:00am

Secretary of State

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999

DOCU 1. Corporation	MENI # 844811				02-08-1999 90057 031 ***	*150.00	
1 , '	PERFORMANCE, INC.						
TOWLIT	I LITI OTIMANOL, INO.		•		1 188683 (811) 81831 81831 (8187 1188) 1181 7	ALBIN BUBUL BUBUL BUBUL BUBUL BUBUL IB	(B)
Í							
Principal Plac	ce of Business	Mailing Address				ADDE DEDEE DEDEE DEDEE DEDEE DESSEE EN)!
23 VREELAND ROAD 23 VREELAND ROAD					ł		
FLORHAM PARK NJ 07932 FLORHAM PARK NJ 07932					DO NOT WRITE IN	TUIC CDACE	
·					3. Date Incorporated or Qualifed	INIO OFACE	
					12/13/1979		
Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For	_
21 26					22-1753716	Not Applicat	
Suite, Apt. #, etc.					5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
27					6. Election Campaign Financing	<u> </u>	
23	28				Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country			8. This corporation owes the current year			
24	25		30		Personal Property Tax.	☐ Yes ☐ No	
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registe	red Agent	
UNI	UNITED STATES CORPORATION COMPANY				· .		
1201 HAYS STREET			82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	TE 105		83		The second secon	Tion of the state	<u> </u>
TALLAHASSEE FL 32301			84			10-11-0-11	``
				' '	1	FL 85 Zip Cöde	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-na office or registered agent, or both, in the State of Florida. Such change was authorized by the					oration submits this statement for the purpos	e of changing its registered	tc
agent. I a	registered agent, or both, in the State of am familiar with, and accept the obligation	ns of, Section 607.0505, Flori	da Statutes	the corporation	n's board of directors. Thereby accept the a	ppointment as registered	
SIGNATURE					· · · · · · · · · · · · · · · · · · ·		
Signature, typed or printed name of registered agent and title if applicable. (NOTE: F 12. OFFICERS AND DIRECTORS			Registered Agen	egistered Agent signature required when reinstating) ; DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	VD Company Control	☐ DELETE	1.1 TITLE		· •	☐ Change ☐ Addit	
NAME	LATTANZIO, JOSEPH		1.2 NAME		.	• • •	
STREET ADDRESS	23 VREELAND ROAD		1.3 STREET	ADDRESS		•	
CITY-ST-ZIP	FLORHAM PARK NJ	—	1.4 CITY-ST	F-ZIP			
TITLE	VD	☐ DELETE	2.1 TITLE			☐ Change ☐ Addis	tion
NAME	FOSTER, FRANK		2.2 NAME				[
STREET ADDRESS	(2.3 STREET		•		
CITY-ST-ZIP	HOUSTON TX PD	☐ DELETE	2. 4 CITY-S 3.1 TITLE	T-ZIP		☐ Change ☐ Addit	ion
NAME	DEPALMA, ANTHONY		3.1 MLE				
STREET ADDRESS	Landinger in a same		3.3 STREET	ADDRESS	en e	s de la companya della companya della companya della companya de la companya della companya dell	.
CITY-ST-ZIP			3.4. CITY-S		الله المنظم الله الله الله الله الله الله الله الل		
TITLE		☐ DELETE	4.1 TITLE		1	Change . Addit	ion
NAME			4, 2 NAME				
STREET ADDRESS			4.3 STREET	1		• •	
CITY-ST-ZIP		DELETE	4.4 CITY-ST	-ZIP	.	Change	tion
TITLE NAME		DELETE	5.1 TITLE 5.2 NAME			☐ Change ☐ Addit	,ion
STREET ADDRESS			5.3 STREET	ADDRESS			
CITY-ST-ZIP	in the second se		5.4 CITY-ST		` .	•	
TITLE	Harris Control	☐ DELETE	6.1 TITLE			☐ Change ☐ Addit	ion
ALANCE	「窓と手」おし、		62 NAME				

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-ZIP

STUBE RECTSEALLA Hanzio

973 966-1116