

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P31658 (8)**

1. Corporation Name

PERSONAL PERFORMANCE CONSULTANTS, INC.



Principal Place of Business

401 N MILLS AVE
STE 303
ORLANDO FL 32803
US

Mailing Address

13736 RIVERPORT DR
STE 400
MARYLAND HEIGHTS MO 63043
US

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 Suite, Apt. #, etc.
Suite 400, Legal Dept.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

30

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

11/05/1990

3a. Date of Last Report

07/20/1995

4. FE Number

43-1226328

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

THE PRENTICE-HALL CORPORATION SYSTEM, INC.
1201 HAYS STREET
SUITE 105
TALLAHASSEE FL 32301

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 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the Agent or Trustee for the Corporation

Signature of the Registered Agent or Trustee

DATE

12 OFFICERS AND DIRECTORS

13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	D	<input type="checkbox"/> DELETE
NAME	WAXMAN, AL	
STREET ADDRESS	1 MAYNARD DR	
CITY-STATE-ZIP	PARK RIDGE NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KANTER, CARL	
STREET ADDRESS	1 MAYNARD DR	
CITY-STATE-ZIP	PARK RIDGE NJ	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WALSH, LEO JR	
STREET ADDRESS	1 MAYNARD DR PARK RIDGE, NJ	
CITY-STATE-ZIP	MONTVALE NJ	
TITLE	DEVP	<input type="checkbox"/> DELETE
NAME	LENHAN, MICHAEL G	
STREET ADDRESS	1 MAYNARD DR	
CITY-STATE-ZIP	PARK RIDGE NJ	
TITLE	EVPT	<input type="checkbox"/> DELETE
NAME	HALPER, ART	
STREET ADDRESS	1 MAYNARD DR	
CITY-STATE-ZIP	PARK RIDGE NJ	
TITLE	SVP	<input checked="" type="checkbox"/> DELETE
NAME	ALDRICH, MARK	
STREET ADDRESS	13736 RIVERPORT DR	
CITY-STATE-ZIP	ST LOUIS MO	

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	David Stone	
STREET ADDRESS	1 Maynard Dr.	
CITY-STATE-ZIP	Park Ridge, NJ 07656	
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Sandra Hittman	
STREET ADDRESS	SVP	
CITY-STATE-ZIP	13736 Riverport Dr., St. Louis, MO 63043	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE	Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Susan Spiegel	
STREET ADDRESS	Secretary	
CITY-STATE-ZIP	13736 Riverport Dr., St. Louis, MO 63043	

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: *Susan Spiegel* SUSAN SPIEGEL
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/8/96

314 695 3506
DAYS OFFICE

CR2E034 (12/95)