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**Mar 13 1997 8:00am
Secretary of State**

**PROFIT CORPORATION
ANNUAL REPORT
1997**



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

DOCUMENT # P31658 (8)
1. Corporation Name
PERSONAL PERFORMANCE CONSULTANTS, INC.



Foreign Business

**401 N MILLS AVE
STE 303
ORLANDO FL 32803
US**

Mailing Address

**13736 RIVERPORT DR
SUITE 400, LEGAL DEPT
MARYLAND HEIGHTS MO 63043-4820
US**

3. Date Incorporated or Qualified 11/05/1990	3a. Date of Last Report 02/13/1996
4. FEI Number 43-1226328	Applied For Not Applicable
5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

2a. Mailing Address

21. State, Apt. # etc.

26. State, Apt. # etc.

22. City & State

27. City & State

23. Zip Country

28. Zip Country

24. Country

29. Zip Country

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 607.0507 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I hereby accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

(NOTE: Registered Agent signature required when re-statuting)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
ADDRESS		1.2 NAME	
1. D WAXMAN, AL 1 MAYNARD DR PARK RIDGE NJ		1.3 STREET ADDRESS	
2. D STONE, DAVID 1 MAYNARD DRIVE PARK RIDGE NJ	<input type="checkbox"/> DELETE	1.4 CITY - ST - ZIP	
3. SVP HITTMAN, SANDRA 13736 RIVERPORT DRIVE ST. LOUIS MO	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. DEVP LENHAN, MICHAEL G 1 MAYNARD DR PARK RIDGE NJ	<input type="checkbox"/> DELETE	2.2 NAME	
5. S SPIEGEL, SUSAN 13736 RIVERPORT DRIVE ST. LOUIS MO	<input type="checkbox"/> DELETE	2.3 STREET ADDRESS	
		2.4 CITY - ST - ZIP	
		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		3.2 NAME	
		3.3 STREET ADDRESS	
		3.4 CITY - ST - ZIP	
		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		4.2 NAME	
		4.3 STREET ADDRESS	
		4.4 CITY - ST - ZIP	
		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		5.2 NAME	
		5.3 STREET ADDRESS	
		5.4 CITY - ST - ZIP	
		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
		6.2 NAME	
		6.3 STREET ADDRESS	
		6.4 CITY - ST - ZIP	

14. I declare by signing this statement in support of this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information made up of 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 a duly elected officer 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 on Florida Form 1310 filed or on an attachment with an address

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

3/5/97 314545-3222
Date Daytime Phone #

CR2E034 (9/96)