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 # **P93000017926 (5)**

1. Corporation Name
PERFORMANCE SAILING, INC.

Principal Place of Business	Mailing Address
84001 OVERSEAS HWY. HOJO'S BEACH - MM84.5 ISLAMORADA FL 33036 US	POST OFFICE BOX 326 —— CHANGE BELOW ISLAMORADA FL 33036

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26 PO BOX 772
Suite, Apt. #, etc.
27
City & State
28 ISLAMORADA FL
Zip 29 33036 Country 30 MONROE

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 10/18/1995
4. FEI Number: 65-0394129 ☐ 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

CALVERT, DAVID M
200 INDUSTRIAL AVENUE
ISLAMORADA FL 33036

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 David Calvert — 2/27/96
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE	PSD	☒ DELETE
NAME	CALVERT, TIMOTHY E	
STREET ADDRESS	POST OFFICE BOX 326	
CITY-ST-ZIP	ISLAMORADA FL 33036	
TITLE	VD	☐ DELETE
NAME	CALVERT, PATRICIA	
STREET ADDRESS	P. O. BOX 1082 N/A	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE	D	☐ DELETE
NAME	CALVERT, DAVID	
STREET ADDRESS	P. O. BOX 1082 N/A	
CITY-ST-ZIP	ISLAMORADA FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	PD	☒ Change ☐ Addition
2.2 NAME	CALVERT, PATRICIA	
2.3 STREET ADDRESS	PO BOX 1082 N/A	
2.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
3.1 TITLE	VSD	☒ Change ☐ Addition
3.2 NAME	CALVERT, DAVID	
3.3 STREET ADDRESS	PO BOX 1082 N/A	
3.4 CITY-ST-ZIP	ISLAMORADA, FL 33036	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: David Calvert — 2/27/96 (305) 664 9494
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #