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

**PROFIT CORPORATION** ANNUAL REPORT 1998



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S14240

(3)

THE PERFORMANCE HAUS, INC.

**FILED** Apr 13 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address	Mailing Address				i Dadii dien di	
1200 SE RAN	ICH RD	PO BOX 249						
JUPITER FL 33478		JUPITER FL 33468				DO NOT WRITE IN THIS SPACE		
US		U\$				3. Date Incorporated or Qualified		
						11/26/1990		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	A	pplied For
21		26				65-0234319		ot Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc.				5. Certificate of Status Desired		Additional
City & Stat	e	City & State				• Floring Committee Financian	2::::::::::::::::::::::::::::::::::::::	equired
23		28				6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country	Zφ	Cou	ntry	<b></b>	8. This corporation owes or has paid the cur		
24	[25]	29	30					] No
	9. Name and Address of Curren	it Registered Agent		2.1		10. Name and Address of New Registered	Agent	
	DAY, WAYNE			81	Name			
	00 S DADELAND BLVD		ı	82	Street Addre	ess (P.O. Box Number is Not Acceptable)	-	-
	ITE 407		ł	63	<del></del>			
MUF	VMI FL 33151		i					
				84	City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida Statute	s, the at	ove	-named corpo	ration submits this statement for the nurnose o	f changing i	ts registered
agent. I a	egistered agent, or both, in the State in familiar with, and accept the obliga	of Florida. Such change was a ations of, Section 607.0505, Flo	iuthorized vrida Stati	J by utes.	the corporatio	on's board of directors. I hereby accept the app	iointment as	registered
SIGNATURE								
					ni signalure required		D.DEOFO.	
TITLE			13. 1 1 TiT	1.1 TITLE		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition
NAME	FONBARE, LOUIS H. III	1.2 N					C Citaria	
STREET ADDRESS	21421 SW 94TH AVENUE	1.35'		REET A	ADDRESS			
CITY-ST-ZIP		****** The second of the secon		ry-st	I-ZIP			
TITLE		☐ DELETE	21 TITLE				Change	☐ Addition
NAME	2.2		2.2 NA	2.2 NAME				i
STREET ADDRESS				2.3 STREET ADDRESS				
CITY-ST-ZIP		T DELETE	2. 4 Cf		r-zip			
TITLE NAME		☐ DELETE		3.1 TITLE 3.2 NAME			Change	Addition
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP			3.4. CF					Ī
TITLE			4.1 Tij		1* 2IF		Change	Addition
NAME			4. 2 NA					
STREET ADDRESS			4.3 STF	REET A	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST	- 21P			
TITLE		DELETE	5 1 TITLE				Change	Addition
NAME			5.2 NAME					
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP		Concere	5.4 CIT		- ZIP		T 1 as	
TITLE NAME		☐ DELETE	6.1 111				☐ Change	Addition
STREET ADDRESS			6.2 NAI		1000000			
CITY-ST-ZIP					ADDRESS			
14 I bereby o	and the state of t		6.4 CIT	T-SI-	-4IP			

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 roport or supplemental arnual roport 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: