1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 585107

1. Corporation Name

EQUITIES PERFORMANCE COMPANY

·									
Principal Place	of Business	Mailing Address	***		f liftifit bilat rates eriat stott d	WILL JURY BIRES WI	All Bidit bidit di	E(8 3)8E	
1555 PALM BEACH LAKES BLVD.STE. 1100 1555 PALM BEACH LAKES BLVD.STE.									
P.O. BOX 3267 P.O. BOX 3267					DO NOT WE	DO NOT WRITE IN THIS SPACE			
WEST PALM BEACH FL 33402 WEST PALM BEACH FL 33402					3. Date Incorporated or Qualifect				
	•					•			
The Property of the Property o					09/01/1978 4. FEI Number			olied For	
Principal Place of Business 2a, Mailing Address							<u> </u>	Applicable	
21 26					59-1848205				
Suite, Apt. #, etc. Suite, Apt. #, etc. 27					5. Certifcate of Status Desired	×	\$8.75 A		
City & State City & State					6. Election Campaign Financing		\$5.00	May Be	
23	•	28	28			Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Country		8. This corporation owes the cu	rrent year into	angible		
24	25 29 30		30		Personal Property Tax.		Yes	□No	
	9. Name and Address of Curre		•		10. Name and Address of New	Registered	Agent		
				Name				Ì	
ECCLESTONE, E.L., JR. 1555 PALM BEACH LKS BLVD., SUITE 1100 WEST PALM BEACH, FL. KG 33401			82	Street	Address (P.O. Box Number is Not Acceptable)				
			83						
			00	l				-,-	
			84	City		FL	85 Zip C	iode	
office or re agent. I ar SIGNATURE	egistered agent, or both, in the State in familiar with, and accept the oblig Signature, typed or printed name of registered ag	e of Florida. Such change was autations of, Section 607.0505, Florid	tnorized by da Statutes	ine corpo	corporation submits this statement for the oration's board of directors. I hereby accorporation when reinstating	DATE			
12,		ND DIRECTORS	13.		ADDITIONS/CHANGES TO C	FFICERS AN	ID DIRECTO	RS IN 12	
TITLE	DCP	☐ DELETE	1.1 TITLE				Change	Addition	
NAME			1.2 NAME					ļ	
			1.3 STREET ADDRES					•	
STREET ADDRESS	W.PALM BCH FL		1.4 CITY-S						
CITY-ST-ZIP			2.1 TITLE	,,- <u>,-,,</u> ,			Change	Addition	
	, ,		2.2 NAME		Nannette Gammon		Γ	ſ	
NAME				2.3 STREET ADDRESS					
STREET ADDRESS	the state of the s		2. 4 CITY-						
CITY-ST-ZIP	□ psi ste		3.1 TITLE	31-21-			Change	☐ Addition	
TITLE	EVID BON		3.2 NAME			,	_	Ĭ	
NAME	COOPER, NOI			TADDECC					
STREET ADDRESS	1373 11.3.			3 STREET ADDRESS			Ì		
CITY-ST-ZIP	***************************************		4.1 TITLE	CITY-ST-ZIP Change A			Addition		
TITLE			4.1 IIILE				_ ,	_	
NAME				T ADDDECO					
STREET ADORESS				T ADDRESS					
CITY-ST-ZIP			4.4 CITY-5	i-ZP			[] Change	Addition	
TITLE .		☐ nere ie	5.1 TITLE 5.2 NAME		}			٠,٠	
NAME				T ADDRESS					
STREET ADDRESS			3.3 STREE	I ADDRESS	1			ļ	

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

Ron Cooper Man

DELETE

3/18/99

561/686-2000

Change

☐ Addition

Daytime Phone #

Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90066 022 ***158.75