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FILED
Mar 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morthap Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F95000000290**

1. Corporation Name

PERFORMANCE 2000, INC

Principal Place of Business

Mailing Address

**C/O DOREEN KAPLAN
8260 SW 95th Street
Miami, FL 33156**

3. Date Incorporated or Qualified
1/19/95

3a. Date of Last Report
2/5/96

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0546661

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

10. Name and Address of New Registered Agent

**Corporate Creations
401 Ocean Drive, Suite 312
Miami Beach
Florida 33139-6629**

81 Name

CORPORATE CREATIONS ENTERPRISES INC.

82 Street Address (P.O. Box Number is Not Acceptable)

4521 P.B.A. BOULEVARD #211

83

84

City

PALM BEACH GARDENS FL

85

Zip Code 33418

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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

Signature of agent or partner name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

JOHNNY C. RODRIGUEZ, VP

JOHNNY C. RODRIGUEZ, VP

3/17/97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

**PD STEVEN E. KAPLAN
8260 SW 95th Street
Miami, FL 33156**

1.1 TITLE

☐ Change

☐ Addition

NAME

1.2 NAME

STREET ADDRESS

1.3 STREET ADDRESS

CITY-STATE-ZIP

1.4 CITY-STATE-ZIP

TITLE ☐ DELETE

**STD DOREEN KAPLAN
8260 SW 95th Street
Miami, FL 33156**

2.1 TITLE

☐ Change

☐ Addition

NAME

2.2 NAME

STREET ADDRESS

2.3 STREET ADDRESS

CITY-STATE-ZIP

2.4 CITY-STATE-ZIP

TITLE ☐ DELETE

**STD DOREEN KAPLAN
8260 SW 95th Street
Miami, FL 33156**

3.1 TITLE

☐ Change

☐ Addition

NAME

3.2 NAME

STREET ADDRESS

3.3 STREET ADDRESS

CITY-STATE-ZIP

3.4 CITY-STATE-ZIP

TITLE ☐ DELETE

**STD DOREEN KAPLAN
8260 SW 95th Street
Miami, FL 33156**

4.1 TITLE

☐ Change

☐ Addition

NAME

4.2 NAME

STREET ADDRESS

4.3 STREET ADDRESS

CITY-STATE-ZIP

4.4 CITY-STATE-ZIP

TITLE ☐ DELETE

**STD DOREEN KAPLAN
8260 SW 95th Street
Miami, FL 33156**

5.1 TITLE

☐ Change

☐ Addition

NAME

5.2 NAME

STREET ADDRESS

5.3 STREET ADDRESS

CITY-STATE-ZIP

5.4 CITY-STATE-ZIP

TITLE ☐ DELETE

**STD DOREEN KAPLAN
8260 SW 95th Street
Miami, FL 33156**

6.1 TITLE

☐ Change

☐ Addition

NAME

6.2 NAME

STREET ADDRESS

6.3 STREET ADDRESS

CITY-STATE-ZIP

6.4 CITY-STATE-ZIP

500002123515

-03/25/97--01051--005

*****165.00**

14. I do 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 reported 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 or changed on an attachment with an address.

SIGNATURE:

DOREEN KAPLAN

2/18/1996 (305)595-1923

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)