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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F9500004980

1. Corporation Name

PERFORMANCE DEVELOPMENT OF ILLINOIS, INC.

Principal Place of Business

Mailing Address

Apr 02, 1999 8:00 am Secretary of State

04-02-1999 90025 024 ***150.00



1761 WEST HILLSBORO BLVD. DEERFIELD BEACH FL 33442		DEERFIELD BEACH FL 33442				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 10/13/1995	
2 Principal P	lace of Business	2a. Mailing Addre	2a. Mailing Address			4. FEI Number Applied For	
		<u></u>	26			36-3070618 Not Applicable	
Suite, Apt. #, etc.			Suite, Apt. #, etc.			\$8.75 Additional	
22		27	27			5. Certificate of Status Desired Fee Required	
City & State		City & State	City & State			6. Election Campaign Financing \$5.00 May Be	
23		28				Trust Fund Contribution Added to Fees	
Zip Country		Zip Coul		Country	•	8. This corporation owes the current year Intangible	
24	25	29	30			Personal Property Tax.	
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent	
				81	Name		
GOL	DENBERG, RICHARD				Circus Add	Irong /D O. Boy Number in Not Appentable)	
	1 WEST HILLSBORO BLVD.			82	Street Add	tress (P.O. Box Number is Not Acceptable)	
	RFIELD BEACH FL 33442						
	•			84	City	FL 85 Zip Code	
					L	I	
office or r agent. I a	to the provisions of Sections 607.05t registered agent, or both, in the State am familiar with, and accept the obligations are sections.	ations of, Section 607.0	je was autho 505, Florida	rized by Statutes	the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered	
SIGNATURE	Signature, typed or printed name of registered age	ent and title if applicable	(NOTE: Reg	stered Ager	ot signature require	ed when reinstating) DATE	
12.		ND DIRECTORS	(1072.74g)	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	, 	DE	TETE	1.1 TITLE		☐ Change ☐ Addition	
TITLE .	CDPS			1.2 NAME		- · -	
NAME	GOLDENBERG, RICHARD						
STREET ADDRESS	1761 WEST HILLSBORO BLVD.		1	1.3 STREE	TADDRESS		
CITY-ST-ZIP	DEERFIELD BEACH FL 33442			1.4 CITY-S	T-ZIP	☐ Change ☐ Addition	
TITLE	ł		LETE	2.1 TITLE		Change Addition	
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREE	T ADDRESS		
CITY-ST-ZIP	2.4		2.4 CITY-5	ST-ZIP			
TITLE			3.1 TITLE		☐ Change ☐ Addition		
NAME)			3.2 NAME	1		
STREET ADDRESS					TADDRESS		
				3.4. CITY-ST-ZIP			
CITY-ST-ZIP	ļ			4.1 TITLE) - 2 - -	Change Addition	
· -				4. 2 NAME		_ · · _	
NAME					T 4 0000000		
STREET ADDRESS			ł		TADDRESS		
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TITLE		☐ DE		5.1 TITLE	İ	C. Change C. Addition	
NAME	1			5.2 NAME			
	1		1				
STREET ADDRESS	;		1		T ADORESS		
		_	<u> </u>	5.3 STREE 5.4 CITY-S	- 1	÷ .	
STREET ADDRESS		□ DE			- 1	≎ . ☐ Change ☐ Additio	
STREET ADDRESS CITY-ST-ZIP		□ DE	LETE	5.4 CITY-S	- 1		
STREET ADDRESS CITY-ST-ZIP TITLE NAME		□ 0 €	LETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	- 1		
STREET ADDRESS CITY-ST-ZIP TITLE		□ D E	LETE	5.4 CITY-S 6.1 TITLE 6.2 NAME	T-ZIP		

14. 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 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.

SIGNATURE: 4