

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

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AND  
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1997 AUG -1 PM 1:57

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G 89760  
1. Corporation Name

PERFORMANCE MOLD CORPORATION

Principal Place of Business C/O ANTONIO D'ANGELO 9857 N.W. 18 ST PEMBROKE PINES FL 33024	Mailing Address C/O ANTONIO D'ANGELO 9857 N.W. 18 ST PEMBROKE PINES FL 33024
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2. Principal Place of Business 21 9857 NW 18 ST Suite, Apt. #, etc. 22	2a. Mailing Address 26 9857 N.W. 18 ST Suite, Apt. #, etc. 27	3. Date Incorporated or Qualified 3/12/1984	3a. Date of Last Report 5/1/96
23 City & State PEMBROKE PINES FL Zip 33024	28 City & State PEMBROKE PINES FL Zip 33024	4. FEL Number 59-2422953	Applied For Not Applicable
25 Country BROWARD	29 Country BROWARD	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
24 33024		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

RASH, DEBRA  
8362 PINES BLVD, SUITE 302  
PEMBROKE PINES FL 33024

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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		(NOTE: Registered Agent signature required when reinstating)		DATE	
12. OFFICERS AND DIRECTORS					
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	BP D'ANGELO, ANTONIO			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
	D CHRISTINE, D'ANGELO			<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
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				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP		
				<input type="checkbox"/> Change <input type="checkbox"/> Addition	

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 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: Antonio D'Angelo (ANTONIO D'ANGELO) 954-431-6846  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)

(2)

WE MOVED TO:  
9857 N.W. 18 ST  
PEMBROKE PINES FL 33024

PERFORMANCE MOLD  
CORP DID NOT RECEIVE  
THE CORPORATE ANNUAL  
REPORT