FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 11 PM 3:32

DOCUMENT # **H47015** **(3)**

1. Corporation Name
PERFORMANCE SOARING, INC.

Principal Place of Business	Mailing Address
15 AVIATION DRIVE WINTER HAVEN FL 33880	15 AVIATION DRIVE WINTER HAVEN FL 33880

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **03/14/1985**
3a. Date of Last Report: **04/27/1994**

2. Principal Place of Business	2a. Mailing Address
21 2662 RED OAK CT	26 2662 RED OAK CT
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 CLEARWATER FL	28 CLEARWATER, FL
24 Zip 34621 / 25 Country USA	29 Zip 34621 / 30 Country USA

4. FEI Number: **59-2493746** ☐ 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
FRANKLIN, STEVEN J. 2662 RED OAK COURT CLEARWATER FL 34621	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DS	11 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, STEVEN J.	12 NAME	
STREET ADDRESS	2662 RED OAK COURT	13 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	14 CITY-ST-ZIP	
TITLE	T	21 TITLE	☐ Change ☐ Addition
NAME	FRANKLIN, MARTHA	22 NAME	
STREET ADDRESS	2662 RED OAK COURT	23 STREET ADDRESS	
CITY-ST-ZIP	CLEARWATER FL	24 CITY-ST-ZIP	
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	MCQUIGG, ANDREW R.	32 NAME	
STREET ADDRESS	1131 S.W. 74TH AVE.	33 STREET ADDRESS	
CITY-ST-ZIP	PLANTATION FL	34 CITY-ST-ZIP	
TITLE	DP	41 TITLE	☐ Change ☐ Addition
NAME	NELSON, STAN	42 NAME	
STREET ADDRESS	4351 TIDEWATER DR.	43 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL 32812	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☒ Change ☐ Addition
NAME	WILLISTON, EVERETT	52 NAME	DV HOWARD BILL
STREET ADDRESS	15 AVIATION DR.	53 STREET ADDRESS	18605 BASELEG DRIVE
CITY-ST-ZIP	WINTER HAVEN FL 33881	54 CITY-ST-ZIP	N.FT. MYERS, FL 33917
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Martin Franklin MARTIN FRANKLIN 4-7-95 813-882-1257
SIGNATURE AND TYPED OR PRINTED NAME OF DIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0310308 CP