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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90008 048 ***150.00

1. Corporation	MENT# J72456 ENT PERFORMANCE, INC			ALC: Y			
		NA. W. Aller			_		
Principal Place		Mailing Address	76 77				
MIRAMAR FL 33). 7 BAY #76-77 3023	3056 S. ST. RD. 7 BAY # MIRAMAR FL 33023	10-11				•
	, , , , , , , , , , , , , , , , , , ,				DO NOT WRITE IN TH	IIS SPACE	
	*				3. Date Incorporated or Qualifed		.]
a pointing	lana of Dunianas	2a. Mailing Address			05/12/1987 4. FEI Number	``	Applied For
2. Principal Place of Business		26		59-2823164		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				\$8.75	Additional
22		27			5. Certifcate of Status Desired	Fee F	Required
City & State	e .	City & State			6. Election Campaign Financing		May Be
23		28	0		Trust Fund Contribution		d to Fees
Zip	Country 25	Zip 29	Country 30		This corporation owes the current year Personal Property Tax.	Intangible Yes	□No
24	9. Name and Address of Curre		1301		10. Name and Address of New Registere		
	o. Hallo dila Hadisə o		81 Na	me			
	rosta, Paul Andre w, Jr		82 Str	root Addre	ess (P.O. Box Number is Not Acceptable)		
3056 S ST RD 7			[92] 64.				
BLDG. 75-77			83			•	
MIHA	AMAR FL 33023		84 Cit			85 Zij	Code
		The second secon	···		Figure 1 to the state west for the purpose		ite registered
11. Pursuant.	to the provisions of Sections 607.05 registered agent, or both, in the Stat	502 and 607.1508, Florida Statu e of Flo rida, Such change was a	tes, the above-namenthorized by the control of the	mea corpo corporatio	oration submits this statement for the purpose n's board of directorsI hereby accept the app	pointment as:	registered
agent. 1 🔌	m familiar with and accept the oblig	gations of Section 697.0505, Flo	orida Statutes.	• • •		1.5	{
			***	·	14. 10. L	****	
SIGNATURE	Streature, typed or printed name of registered as		E: Registered Agent signa		ورسوية المستقديقي والمستهدمة والمستوان والمستوان المستوانية	مسلميكي وا	
12.73 -3	Signature, typed or printed name of registered as	gent and title if applicable. (NOTI	######################################		ورسوية المستقديقي والمستهدمة والمستوان والمستوان المستوانية	AND DIRECT	TORS IN 12
12.0% 3	Sinature, typed or printed name of registered as OFFICERS A	gent and trile if applicable (NOTI	E: Registered Agent signa		when reinstating) DATE	AND DIRECT	
12.73 -3	OFFICERS A D DICROSTA, PAUL A JR	gent and title if applicable. (NOTI	13. 1.1 TITLE	ature required	when reinstating) DATE	AND DIRECT	TORS IN 12
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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 of 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 or an appear of the corporation of the receiver of the receiver of the corporation of the receiver of the receiver

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date