

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
**Jul 27, 1999 8:00 am**  
**Secretary of State**

07-27-1999 90023 017 \*\*\*150.00

**DOCUMENT # J78086**

1. Corporation Name

**PERFORMANCE SEMINARS, INC.**

Principal Place of Business

Mailing Address

1126 HAYS ST  
TALLAHASSEE FL 32301  
US

1126 HAYS ST  
TALLAHASSEE FL 32301  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**06/17/1987**

4. FEI Number

**59-2922759**

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 owes the current year  
Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business

**21 967 Briarcliff Drive**  
Suite, Apt. #, etc.

2a. Mailing Address

**26 967 Briarcliff Drive**  
Suite, Apt. #, etc.

City & State

**23 Tallahassee, Florida**

City & State

**28 Tallahassee, Florida**

Zip

**24 32308**

Country

**25 U S**

Zip

**29 32308**

Country

**30 U S**

9. Name and Address of Current Registered Agent

**WEIL, JOSEPH J.**  
**1126 HAYS STREET**  
**TALLAHASSEE FL 32301**

10. Name and Address of New Registered Agent

**81 Name Weil, Joseph J.**

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

**967 Briarcliff Drive**

**83**

**84 City**

**Tallahassee**

**FL**

**85 Zip Code**

**32308**

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

*J. Weil*  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7-15-99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	WEIL, JOSEPH J.	
STREET ADDRESS	1100 E PARK AVE., STE. B	
CITY-STATE-ZIP	TALLAHASSEE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Weil, Joseph J.	
1.3 STREET ADDRESS	967 Briarcliff Drive	
1.4 CITY-STATE-ZIP	Tallahassee, Florida 32308	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

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.

SIGNATURE:

*J. Weil*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**7-15-99**  
Date

Daytime Phone #

CR2E034 (5/99)

# PERFORMANCE SEMINARS, INC.

967 BRIARCLIFF DRIVE  
TALLAHASSEE, FL 32308  
(850) 561-3506

596480-90022-17  
J 78086

July 15, 1999

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATION  
P. O. Box 6327  
Tallahassee, FL 32314

Re: PERFORMANCE SEMINARS, INC. - ANNUAL REPORT

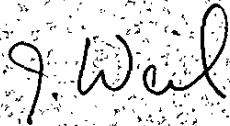
Gentlemen:

Enclosed herewith is our Annual Report and check in the amount of \$150.00. I called your office in June and talked to "Tammy" when I realized I had not received the "1<sup>st</sup> Notice" and she informed me that a "2<sup>nd</sup> Notice" was in the mail. I can only surmise I did not receive the "1<sup>st</sup> Notice" because our address had changed.

Therefore, please accept this check as payment in full for this report and disregard the \$400.00 late payment charge.

Thank you very much for your assistance.

Sincerely,



Joseph J. Weil  
Director and President

Enclosure