## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

1. Corporation	MENT # <b>J999</b> PRMANCE REALTY ORG/	(-)			
Principal Place	of Business	Mailing Address			
7764 NW 44TH ST SUNRISE FL 33351-6204		7764 NW 44TH ST SUNRISE FL 33351-62	204		
				3. Date Incorporated or Qualified 3a. Date of Last Report 03/24/1995	·
2. Principal Pla 21	ace of Business	2a. Mailing Address		4. FEI Number Applied Applied	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		60.70	·
22		27		5. Certificate of Status Desired	
Orty & State		City & State		6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Added to Fet	
Ζ(ρ 	Country	Zip	Country	8. This corporation has liability for Intangible tax under s 199.03	
24	9. Name and Address of Cu	rrent Registered Agent	30	Florida Statutes Yes No  10. Name and Address of New Registered Agent	
		TORE HOSISTOICS Agent	81 Nam		
	, JUDITH A		82 Stree	t Address (P.O. Box Number is Not Acceptable)	
	V 44TH ST			( Acceptable)	
SUNRISE	FL 33321		83		
			<b>84</b> City	FL 85 Zip Code	-
SIGNATURE				corporation submits this statement for the purpose of changing its registere is board of directors. I hereby accept the appointment as registered agent.	office I am
12.	Signature typed or printed name of registered a	agent and title if applicable (No. AND DIRECTORS	OTE: Registered Agent signature		
TITLE	PD	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1  DOMENICK VITALE  Change XXX Ac	
NAME:	JANOURA, JOSEPH S.		1.2 NAME	ZZGKINE, WFL 44th STREET	Jonion
SPREEF ADDRESS	7764 NW 44TH ST		1 3 STREET ADDRESS	VICE PRESIDENT	
CHY ST ZIP	SUNRISE FL SD	E Drich	1.4 CITY-ST-ZIP		
NAME	JANOURA, PAMELA ANN	☐ DELETE	2.1 TITLE 2.2 NAME	Change Ad	dition
STHEFT ADDRESS	7764 NW 44TH ST		2.3 STREET ADDRESS		
CHY ST-ZIP	SUNRISE FL		2.4 CITY - ST - ZIP		
TITLE	V DUCCING DODERT	XX DELETE	3 1 TITLE	☐ Change ☐ Ad	dition
NAME STREET ADDRESS	BUCCINO, ROBERT 7764 NW 44TH ST		3 2 NAME		
CITY-ST-ZIF	SUNRISE FL		3.3 STREET ADDRESS	7	
III; F		DELETE	3.4 CHY-ST-ZIP 4.1 THLE	☐ Change ☐ Ad	dition
NAME		_	4.2 NAME		-citien
STREET ADDRESS			4.3 STREET ADDRESS		i
CHTY+S1 ZIP			4.4 CITY - ST - ZIP		
FILLE		☐ DELETE	5. 1 TITLE	☐ Change ☐ Ad	dition
NAME STREET ADDRESS			5.2 NAME		
CITY SI-ZIP			53 STREET ADDRESS 54 CITY-ST-ZIP		
11TLE		☐ DELETE	6 1 TITLE	☐ Change ☐ Adı	Idition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
City SI-ZiP	certify that the information supplie	An this flips is not start a	6.4 CITY - ST - ZIP		
certify that f oath; that I	the information indicated on this a am an officer or director of the co Block 12 or Block 13 if changed,	report or supplemental and	uai report is true and a e empowered to execu	alify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I furt ccurate and that my signature shall have the same legal effect as if made u te this report as required by Chapter 607, Florida Statutes; and that my nai	ا بمامد

SIGNATURE: SIGNATURE AND TYPED OR PUTED NAME OF SIGNING OFFICER OR DIRECTOR

2-15-96 954-741-7620
Date Daytime Proces