

PROFIT CORPORATION ANNUAL REPORT 1996 7497



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

FILED
Jun 09 1997 8:00am
Secretary of State

DOCUMENT # J99936 (3)

1. Corporation Name
PERFORMANCE REALTY ORGANIZATION, INC.

Principal Place of Business: 7764 NW 44TH ST, SUNRISE FL 33351-6204
Mailing Address: 7764 NW 44TH ST, SUNRISE FL 33351-6204

3. Date Incorporated or Qualified: 11/02/1987
3a. Date of Last Report: 03/24/1995
4. FEI Number: 65-0022232
Applied For: Not Applicable
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Corporation Financing (not First Contribution): \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30

9. Name and Address of Current Registered Agent: BARTON, JUDITH A, 7764 NW 44TH ST, SUNRISE FL 33321
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 607.1108, Florida Statutes, this 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: 12. Signature of Registered Agent (Signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
1101 TITLE: PD	1102 NAME: JANOURA, JOSEPH S. 1103 STREET ADDRESS: 7764 NW 44TH ST 1104 CITY, ST, ZIP: SUNRISE FL	1101 TITLE: <input type="checkbox"/> DELETE	1102 NAME: DOMENICK VITALE 1103 STREET ADDRESS: 7764 NW 44th STREET 1104 CITY, ST, ZIP: SUNRISE, FL 1105 VICE PRESIDENT
1201 TITLE: SD	1202 NAME: JANOURA, PAMELA ANN 1203 STREET ADDRESS: 7764 NW 44TH ST 1204 CITY, ST, ZIP: SUNRISE FL	1201 TITLE: <input type="checkbox"/> DELETE	1202 NAME: VP Michael Janoura 1203 STREET ADDRESS: 7764 NW 44th St 1204 CITY, ST, ZIP: Sunrise, FL 33351
1301 TITLE: V	1302 NAME: BUCCINO, ROBERT 1303 STREET ADDRESS: 7764 NW 44TH ST 1304 CITY, ST, ZIP: SUNRISE FL	1301 TITLE: <input checked="" type="checkbox"/> DELETE	1302 NAME: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1401 TITLE: V	1402 NAME: Domenick Vitale 1403 STREET ADDRESS: 7764 NW 44th St 1404 CITY, ST, ZIP: Sunrise, FL 33351	1401 TITLE: <input checked="" type="checkbox"/> DELETE	1402 NAME: <input type="checkbox"/> Change <input type="checkbox"/> Addition
1501 TITLE:	1502 NAME:	1501 TITLE: <input type="checkbox"/> DELETE	1502 NAME: 800002210728 -06/12/97--0112--020 ***8.75
1601 TITLE:	1602 NAME:	1601 TITLE: <input type="checkbox"/> DELETE	1602 NAME: 300002210673 -06/12/97--0112--000 ***165.00

14. I do hereby certify that the information supplied in this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am the officer or director of the corporation or the receiver or the person authorized to execute this report as required by Chapter 607, Florida Statutes; and that my name or Block 13 of changed.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Joseph S Janoura President
Date: 6-4-97
6-4-97
954-741-7620
824692 CP

HERE