

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED

Feb 16 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/02/1987	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 65-0022232		Applied For Not Applicable	
22 City & State	27 City & State	6. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 Zip	28 Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	25	29		30	
g. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent			

BARTON, JUDITH A
7764 NW 44TH ST
SUNRISE FL 33321

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature, typed or printed name of registered agent and title if applicable

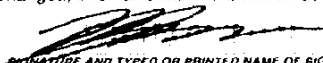
(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PD	JANOURA, JOSEPH S.	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP
7764 NW 44TH ST	SUNRISE FL	2.1 TITLE	2.2 NAME
7764 NW 44TH ST	SUNRISE FL	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
SD	JANOURA, PAMELA ANN	3.1 TITLE	3.2 NAME
7764 NW 44TH ST	SUNRISE FL	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP
VP	VITALE, DOMENICK	4.1 TITLE	4.2 NAME
7764 NW 44TH ST	SUNRISE FL	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP
VP	JANOURA, MICHAEL	5.1 TITLE	5.2 NAME
7764 NW 44TH ST	SUNRISE FL	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP
		6.1 TITLE	6.2 NAME
		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP

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 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:

 Michael Janoura, V.P. 1-26-98 954-741-7620
Signature and typed or printed name of signing officer or director Date Daytime Phone # 0302328

CR2E034 (10/97)