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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000003131 (8)**

1. Corporation Name

COORDINATED PERFORMANCE CONTRACTING, INC.

Principal Place of Business	Mailing Address
1691-A N.W. 31ST AVE. FORT LAUDERDALE FL 33311	1691-A N.W. 31ST AVE. FORT LAUDERDALE FL 33311

2. Principal Place of Business	2a. Mailing Address
21 3511 N.E. 22nd Ave	26 3511 N.E. 22nd Ave.
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201
City & State 23 Ft. Lauderdale, Florida	City & State 28 Fort Lauderdale, Florida
Zip 24 33308 Country 25	Zip 29 33308 Country 30

3. Date Incorporated or Qualified: 01/13/1993
3a. Date of Last Report: 04/05/1995
4. FEI Number: 65-0401780 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

BENJAMIN, PETER M.
1691-A NW 31ST AVENUE
FORT LAUDERDALE FL 33311

10. Name and Address of New Registered Agent

81 Name: ARVID L. ALBANESE
82 Street Address (P.O. Box Number is Not Acceptable): 3511 NE 22ND AVE #201
83
84 City: FT LAUDERDALE FL 85 Zip Code: 33308

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 X _____ ARVID L. ALBANESE (NOTE: Registered Agent signature required when changing) DATE 4-26-96

12. OFFICERS AND DIRECTORS

TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P BENJAMIN, PETER M 1691-A N.W. 31 AVE. FT. LAUDERDALE FL 33311	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	ST ALBANESE, ARVID L 1691-A N.W. 31 AVE. FT. LAUDERDALE FL 33311	☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☒ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	P BENJAMIN, PETER M 3511 NE 22ND AVE #201 FT LAUDERDALE FL 33308	☒ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	ST ALBANESE, ARVID L 3511 NE 22ND AVE #201 FT LAUDERDALE, FL 33308	☒ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: _____ 4-26-96 (954) 537-5544
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #