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FILED

May 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

3511 NE 22ND AVE
201
FORT LAUDERDALE FL 33308
US

Mailing Address

3511 N.E. 22ND AVE
201
FORT LAUDERDALE FL 33308-6226
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

3. Date Incorporated or Qualified

01/13/1993

3a. Date of Last Report

05/01/1996

4. FEI Number

65-0401780

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

ARVID L. ALBANESE
3511 NE 22ND AVE #201
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent

81 Name Scott Brown

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

Signature (typed or printed name of Registered Agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

4/25/97

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE
NAME BENJAMIN, PETER M
STREET ADDRESS 3511 NE 22ND AVE #201
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ST ☐ DELETE
NAME ALBANESE, ARVID L
STREET ADDRESS 3511 NE 22ND AVE #201
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE President ☒ Change ☐ Addition
1.2 NAME Scott Brown
1.3 STREET ADDRESS 3511 NE 22nd Ave #201
1.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

2.1 TITLE Secretary/Treasurer ☒ Change ☐ Addition
2.2 NAME Stacey Brown
2.3 STREET ADDRESS 3511 NE 22nd Ave #201
2.4 CITY-ST-ZIP Ft. Lauderdale, FL 33308

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/25/97 (954) 565-9777

Date

Daytime Phone #

CR2E034 (9/96)