FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

FILED
97 JUN 20 AM 7:17
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P93000017926 (5)**

1. Corporation Name
PERFORMANCE SAILING, INC.

Principal Place of Business	Mailing Address
84001 OVERSEAS HWY. HOJO'S BEACH - MM84.5 ISLAMORADA FL 33036 US	P.O. BOX 772 ISLAMORADA FL 33036-0772 US

3. Date Incorporated or Qualified: 03/05/1993
3a. Date of Last Report: 03/08/1996

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0394129 ☐ 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

CALVERT, DAVID M
200 INDUSTRIAL AVENUE
ISLAMORADA FL 33036

10. Name and Address of New Registered Agent

81 Name: JOHN MILLS
82 Street Address (P.O. Box Number is Not Acceptable): 254 Sunset Rd
83
84 City: Big Pine Key, FL 85 Zip Code: 33043

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] John B. Mills DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☒ DELETE	11 TITLE	☐ Change ☒ Addition
NAME	CALVERT, PATRICIA		12 NAME	JOHN MILLS
STREET ADDRESS	P.O. BOX 1082 N/A		13 STREET ADDRESS	PRESIDENT Zip 33043
CITY-ST-ZIP	ISLAMORADA FL		14 CITY-ST-ZIP	254 SUNSET Rd Big Pine Key
TITLE	VSD	☒ DELETE	21 TITLE	☐ Change ☒ Addition
NAME	CALVERT, DAVID		22 NAME	SECRETARY
STREET ADDRESS	P.O. BOX N/A		23 STREET ADDRESS	LESLEY SAUNDERS 113 Lesesva lane
CITY-ST-ZIP	ISLAMORADA FL		24 CITY-ST-ZIP	P.O Box 1805, Islamorada FL 33036
TITLE		☐ DELETE	31 TITLE	☐ Change ☒ Addition
NAME			32 NAME	V.P.
STREET ADDRESS			33 STREET ADDRESS	Gilles FUMAT 113 Lesesva Lane
CITY-ST-ZIP			34 CITY-ST-ZIP	P.O Box 1805 Islamorada FL 33036
TITLE		☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME			42 NAME	300002221355--9
STREET ADDRESS			43 STREET ADDRESS	-06/24/97--01058--021
CITY-ST-ZIP			44 CITY-ST-ZIP	****165.00 ****165.00
TITLE		☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME			52 NAME	
STREET ADDRESS			53 STREET ADDRESS	
CITY-ST-ZIP			54 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRESS	
CITY-ST-ZIP			64 CITY-ST-ZIP	

CR2E034 (9/96)

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] 6/20/97