


5-9-97 B- 6794 -C
FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED
May 09 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 # P93000027063 (5) 1. Corporation Name MAXIMUM PERFORMANCE INTERNATIONAL, INC.			
Principal Place of Business 3530 SW 24TH AVE #8 GAINESVILLE FL 32607		Mailing Address 3530 SW 24TH AVE #8 GAINESVILLE FL 32607-4510	
NEW ADDRESS			
2. Principal Place of Business 21 8620 NW 13th St Suite, Apt. #, etc. 22 # 215 City & State 23 Gainesville, FL. Zip 24 32653		2a. Mailing Address 26 8620 NW 13th St. Suite, Apt. #, etc. 27 # 215 City & State 28 Gainesville, FL. Zip 29 32653 Country 30 USA	
9. Name and Address of Current Registered Agent WHARTON, JAMES B 3530 SW 24TH AVE #8 GAINESVILLE FL 32607 8620 NW 13th St. # 215 Gainesville, FL. 32653			
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 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: Ronald Boyle (NOTE: Registered Agent signature required when reinstating)			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PD NAME WAHRTON, JAMES B STREET ADDRESS 3530 SW 24TH AVE #8 CITY-ST-ZIP GAINESVILLE FL 32607		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE VD NAME WAHRTON, JAMES P STREET ADDRESS 3530 SW 24TH AVE #8 CITY-ST-ZIP GAINESVILLE FL 32607		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE TD NAME BOYLE, RON STREET ADDRESS 3530 SW 24TH AVE #8 CITY-ST-ZIP GAINESVILLE FL 32607		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE SD NAME SCOLA, AMANDA STREET ADDRESS 3530 SW 24TH AVE #8 CITY-ST-ZIP GAINESVILLE FL 32607		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 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: Ron Boyle SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		4.29.97 (352) 336-7858 Date Daytime Phone #	



CR2E034 (9/96)