PROFIT CORPORATION ANNUAL REPORT

1999



DOCUMENT # P93000027063

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 22, 1999 8:00 am Secretary of State FLORIDA DEPARTMENT OF STATE **Katherine Harris**

04-22-1999 90127 045 ***150.00

	M PERFORMANCE INTERNA	ATIONAL, INC.					
Principal Place	e of Business	Mailing Address					
8620 NW 13TH	STREETT	8620 NW-13TH STREET					
STE #215	22652	STE #215 Gainesville FL 32653			DO NOT WRITE IN THIS	SPACE	
Gainesville Fi US	L 32033	US			3. Date Incorporated or Qualifed		
		55			04/13/1993		
2 Principal BI	ace of Business	2a. Mailing Address	-	_	4. FEI Number	Ar	oplied For
<u> </u>	3 · · · · · · · · · · · · · · · · · · ·			59-3186923		ļ 	ot Applicable
Suite, Apt.	# pto	Suite, Apt. #, etc.			33 3 100323	\$8.75	
	#, 6tc.	<u>⊢</u> n ' ' ' '			5. Certifcate of Status Desired		equired
22		City & State	 .		O Et al. O surviva Firementa		
City & State	e	⊢ '			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added	
23	Country	28 7in	Cour	utov_			
Zip	Country	Zip		iu y	8. This corporation owes the current year Inter-	angibie □Yes	™ No
24	25		30		Personal Property Tax. 10. Name and Address of New Registered		<u>G.40</u>
	9. Name and Address of Curren	Registered Agent		81 Name	TV. Italile and Address of New Registered	Agent.	_
1A/LIA	RTON, JAMES B		-	1141116			
	NW 13TH STREET		Ī	82 Street Ad	dress (P.O. Box Number is Not Acceptable)		_
			Ļ				
	#215	Asa*		83			
GAIN	iesville fl 32653		ŀ	84 City		85 Zip	Code
				1	poration submits this statement for the purpose of	. 1	
agent. I ar SIGNATURE	egistered agent, or both, in the State of maniliar with, and accept the obligat	ions of, Section 607.0505, Flori	ida Statu	tes.	tion's board of directors. I hereby accept the appoi	Turnerit as re	
12.		t and title if applicable. (NOTE:	kegisterea /	råeur signarnue tedn	red when reinstating) DATE		
12.	OFFICERS AN		13.	gent signature requ	ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	DRS IN 12
TITLE					,	ID DIRECTO	DRS IN 12
	PD	D DIRECTORS	13.	.E	,		
TITLE NAME	PD WAHRTON, JAMES B	D DIRECTORS	13. 1.1 TIT 1.2 NA	.E	,		
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD WAHRTON, JAMES B 3530 SW 24TH AVE #8 GAINESVILLE FL 32607	D DIRECTORS	13. 1.1 TIT 1.2 NA/ 1.3 STF 1.4 CIT	LE ME MEET ADORESS Y-ST-ZIP	,		
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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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

(352)336-7858