

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 13 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P93000035281 (3)**

1. Corporation Name  
**PERFORMANCE KING, INC.**



Principal Place of Business <b>5140 SW 21 COURT PLANTATION FL 33317 US</b>	Mailing Address <b>5140 SW 21 COURT PLANTATION FL 33317 US</b>
---	---

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9673 RIVERSIDE DR.</b>		2a. Mailing Address 26 <b>9673 RIVERSIDE DR.</b>		3. Date Incorporated or Qualified <b>05/17/1993</b>	
Suite, Apt. #, etc. 22 <b>APT. J1</b>		Suite, Apt. #, etc. 27 <b>APT. J1</b>		4. FEI Number <b>65-0410892</b>	
City & State 23 <b>CORAL SPRINGS FL.</b>		City & State 28 <b>CORAL SPRINGS FL.</b>		5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
Zip 24 <b>33071</b>		Zip 29 <b>33071</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
Country 25 <b>BROWARD</b>		Country 30 <b>BROWARD</b>		8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**LINARES, RAUL E  
5140 SW 21 COURT  
PLANTATION FL 33317**

10. Name and Address of New Registered Agent

81 Name	<b>RAUL E. LINARES</b>
82 Street Address (P.O. Box Number is Not Acceptable)	<b>9673 RIVERSIDE DR. APT J1</b>
83	
84 City	<b>CORAL SPRINGS</b>
85 Zip Code	<b>FL 33071</b>

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 *Raul E. Linares* 3/17/98  
Signature typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>LINARES, RAUL E</b>	1.2 NAME	<b>RAUL E. LINARES</b>
STREET ADDRESS	<b>5140 SW 21 COURT</b>	1.3 STREET ADDRESS	<b>9673 RIVERSIDE DR. APT. J1</b>
CITY-ST-ZIP	<b>PLANTATION FL</b>	1.4 CITY-ST-ZIP	<b>CORAL SPRINGS FL. 33071</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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.

SIGNATURE *Raul E. Linares* 3/17/98 (205) 476-4529

CR2E034 (10/97)