SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **P94000017917 (3)**

1. Corporation Name

THE PEAK PERFORMANCE GROUP, INC.

Principal Place of Business
RT 1 BOX 415-A
LIVE OAK FL 32060

Mailing Address
RT 1 BOX 415-A
LIVE OAK FL 32060

3. Date Incorporated or Qualified: 03/01/1994
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 435 North Gwen Lake Ave
Suite, Apt #, etc.
22:
City & State
23: Lake City FL.
Zip
24: 32055
Country
25: USA

2a. Mailing Address
26: 16575 County Road 132
Suite, Apt #, etc.
27:
City & State
28: Live Oak, FL.
Zip
29: 32060
Country
30: USA

4. FEI Number: 59-3308062 ☐ 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**

AFRICANO, J V
106 WHITE AVE SUITE B
LIVE OAK FL 32060

10. **Name and Address of New Registered Agent**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 Zip Code

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 ______________________________ DATE ________
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PT	☐ DELETE
NAME	HAMALIAN, ARMEN K	
STREET ADDRESS	RT 1 BOX 415-A	
CITY-ST-ZIP	LIVE OAK FL 32060	
TITLE	VSD	☐ DELETE
NAME	HAMALIAN, REBECCA H	
STREET ADDRESS	RT 1 BOX 415-A	
CITY-ST-ZIP	LIVE OAK FL 32060	
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	CEO	☐ Change ☑ Addition
1.2 NAME	John W. Faul	
1.3 STREET ADDRESS	Rt 10 Box 412	
1.4 CITY-ST-ZIP	Lake City, FL. 32025	
2.1 TITLE	Secretary	☐ Change ☑ Addition
2.2 NAME	KAREN FAUL	
2.3 STREET ADDRESS	RT. 10 Box 412	
2.4 CITY-ST-ZIP	Lake City, FL 32025	
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		

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Armen K. Hamalian ARMEN K HAMALIAN 6/28/96 9043973027
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #