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

DOCUMENT # P94000047634 (8)

SNR PERFORMANCE, INC.

Principal Place	niting Address				~							
SOO 8. HOWARD AVE. TAMPA FL 33608				500 S. HOWARD AVE. TAMPA FL 33806-2038								
									3. Date Incorporated or Qualific 06/24/1994		Date of Last R 5/01/1996	Report
2. Principal Place of Business				2a. Mailing Address					4. FEI Number 59-3251376		——————————————————————————————————————	oplied For
Suite, Apt. #, etc.				Suite, Apt. #, etc.								ot Applicable Additional
22				27					5. Certificate of Status Desired			equired
City & State				City & State					6. Election Campaign Financing		\$5.00	May Be
23				Ztp Country				Trust Fund Contribution		Added		
Zip 24	-	Country 25	29	Zip	30				8. This corporation has liability for intangible tax under s. Florida Statutes Yes No		. 199.032,	
[24]		and Address of Curr		ered Agent	1301	7	·		10. Name and Address of New			
HOL	LMES, JOHN					81	Name	e		-		
500 S. HOWARD AVE.							Street	t Addres	ddress (P.O. Box Number is Not Acceptable)			
TAMPA FL 33606							,				·	
•						0.4					Takinga	
						84	City			F	L `	Code
11. Pursuant	to the provision	ons of Sections 607.05	502 and 60	07.1508, Florida Stat	utes, the a	above ed by	e-namec	d corporation	ation submits this statement for the 's board of directors. I hereby ac	ne purpose	of changing it	ts registered
agent. I a	m familiar wit	h, and accept the obl	gations of	Section 607.0505, I	Florida St	atutes	i.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	to book of or	oopt ino u	ppointment do	registered
SIGNATURE	Slanehre brood	x printed name of registered a	and the	Consultration /No	OII Bogistor	and Ann	ni cionat v	ro too itad	when reinstating)	DATE		
12.	alginatore, types t	OFFICERS A			13.		in signatur	NE TEQUITO 1	ADDITIONS/CHANGES TO OF			RS IN 12
TITLE	D			☐ DELETE	1.1	FILE					☐ Change	Addition
NAME	HOLMES,				1.21	NAME						
STREET ADDRESS		OWARD AVE.			1.3 3	SIREE1	ADDRESS	3				
CITY-ST-ZIP	TAMPA F	L 33606		<u> </u>		CITY - S	1- 2 IP	J.,	, 			
TITLE	ST	DOTE MALIDA O		DELETE		TITLE		ST	- 110 A Holmac		☐ Change	Addition
NAME		orth, Maura S. Dy Creek dr.				NAME	1000000	Jan.	neile x. Hours	id		
STREET ADDRESS CITY-ST-ZIP	BRANDO					CITY - S	ADDRESS	120	nelle A. Holmes on Parkland Blu npa, Pl 33600			
TITLE	Dieutooi			DELETE		TITLE	11 - 511 -	100	Mart 10 0000		Change	Addition
NAME					321	NAME					_ ,	_
STREET ADDRESS					3.3 3	STREET	ADDRESS	;				
CITY-ST-ZIP					3.4.	CITY-S	iT - ZIP					
TITLE				☐ DELF1E	4.11	TITLE					☐ Change	Addition
NAME					4. 2	NAME						
STREET ADDRESS					4.3 3	STREET	ADURESS	;				
CITY-ST-ZIP				T augus		CHTY-S	1 - ZIP				——————————————————————————————————————	
TITLE				☐ DELETE		TITLE					☐ Change	Addition
NAME CYCCY ADDDCCC						NAME	400010C					
STREET ADDRESS							ADDRESS	'				
CITY-ST-ZIP TITLE	-			DELETE		CITY-S Title	t-ZIP				Change	Addition
NAME				had week b		NAME					J.m.,go	
STREET ADDRESS	-						ADDRESS					
AITY OF THE	•				03.							

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 occiver 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 or an effective with an address.

FILED

May 14 1997 8:00am

Secretary of State