## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

**DOCUMENT #** 

P94000048699 (0)

PERFORMANCE SOFTWARE SERVICES INC.  Principal Place of Business  Mailing Address				# 10 6 (10 2)	<b>a</b> ah <b>ab</b> ah <b>ar</b> ah an <b>a</b> a ma	IA RIIIR IDIIR IBIA IBBA
100 RIALTO SUITE 731 MEI ROURI		100 RIALTO PLACE SUITE 731 MELBOURNE FL 3290				
		MEEDOONNE TE 32301		3. Date Incorporated or Qualified 06/27/1994		
	RIALTO PLACE	2a. Mailing Address 26 /60 RIALT	Place	4. FEI Number		Applied For
Suite Apt.		26 /60 KIALT Suite Apt. #, etc.	o mace	59-3257569	<b></b>	Not Applicable
22 Sui	, ~~~	27 Suite 75	<i>3</i>	5. Certificate of Status Desired		75 Additional ee Required
City & State		City & State		6. Election Campaign Financing	\$5	.00 May Be
23 ///c//	bourne, FL Country	28 Melbourn	Country	Trust Fund Contribution	— Ad	lded to Fees
1 20001 1 11ca 1		29 332901	30 USA	8. This corporation has lability for intangible tax under s. 199,032, Florida Statutes. Yes No.		
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New R		
0.000			81 Name			
O'BRIEN, JAMES 516 N HARBOR CITY BLVD MELBOURNE FL 32935			82 Street Add	ress (P.O. Box Number is Not Acceptab	ole)	
			83	77/ //		
MILLO	DOMAE 1 & 02300					
			84 City		FL 85	Zip Code
<b>11.</b> Pursuant t or registen familiar wit	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric th, and accept the obligations of, Secti	and 607,1508, Florida Statutes la. Such change was authorize on 607,0505, Florida Statutes.	s, the above named corporation's board by the corporation's board.	ration submits this statement for the pured of directors. Thereby accept the appear	rpose of changing it ointment as register	ts registered office red agent. I am
SIGNATURE _	Signature, typed or printed name of registered agent a	and top if applicable to the control of the control	:: Rugistered Agent signature require	al day a statution of the state		
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	DATE ICERS AND DIREC	TORS IN 12
'IIL <del>i</del>	PTS	☐ DELETE	U 1 TITLE		☐ Chang	
NAME	PEPIN, CHRISTINE		1.2 NAME			
STREET ADDRESS 412 RIVERVIEW LANE		054	1.3 STHEET ADDRESS			
CITY-ST-ZIP TITLE	MELBOURNE BEACH FL 32	AD DETELE	1.4 CITY - ST - ZIP 2.3 TITLE		<b></b>	
NAME		[ Deterie	2 ? IIILE 2 2 NAME		☐ Chang	ge 🔲 Addition
STREET ADDRESS			2.3 STREET ADDRESS			
011Y-S1-ZIP			2.4 C(TY - ST - Z)P			
TITLE		DELETE	3 1 LHF		☐ Chang	ge Addition
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
DITY-ST-Z.P		FT briefe	3 4 CITY - ST - ZIF			·
		DELETE	4 1 TITLE		☐ Chang	je 🗌 Addition
NAME STREET ADDRESS			4.2 NAME			
CITY-ST-ZIP			4.3 STREET ADDRESS			
THE		DELETE	4.4 CiTY-ST-ZIP 5.1 TITLE		☐ Chang	je 🔲 Addition
NAME		_	5.2 NAME			nouncil
STREET ADDRESS			5.3 STHEET ADDRESS			Ì
CHY+\$1-ZIF	·		5.4 CITY - ST - ZIP			
TOLE		☐ DELETE	6 1 TITLE		Chang	e 🔲 Addition
NAME			6.2 NAME			
STREET ADORESS			63 STREET ADDRESS			
CITY-ST-ZIP			64 CITY - ST - ZIP			

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 607, Florida Statutes, and that my name appears in Block 12 or Block 12 or Block 12 or an attachment with an address.

SIGNATURE:

Shrusting Testing Christine PEDIN 2/14/96 (407) 725-0240 ONE AND TYPED OR PRINTED RIGHE OF SIGNING OFFICER OR DIRECTOR