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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## P94000061860 (0) **DOCUMENT #**

ADVANTAGE PERFORMANCE CORP.

Delegate at Discount Discount	NA W Calabara
Principal Place of Business	Maiting Address
2284 S. OCEAN SHORE BLVD.	P.O. BOX 218
FLGLER BEACH FL 32136	FLGLER BEACH FL 32136

## **FILED** Apr 13 1998 8:00am Secretary of State

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/18/1994 Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-3261083 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 8. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Feee This corporation owes or has paid the current year Interval of th 28 Zip Country Country Zip 30 Personal Property Tax due June 30. Yes 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent PARKER, V. THOMAS 2284 S. OCEAN SHORE BLVD. Street Address (P.O. Box Number is Not Acceptable) FLGLER BEACH FL 32136 83 City 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 Signature, typiod or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE TITLE 1.1 TITLE KORBACH, LISA NAME 1.2 NAME CR2E034 PO BOX 218 N/A STREET ADDRESS 1.3 STREET ADDRESS FLGLER BEACH FL CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE KORBACH, KEVIN 2.2 NAME PO BOX 218 N/A STREET ADDRESS 2.3 STREET ADDRESS FLGLER BEACH FL CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE 5.1 TITLE Change Addition TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change Addition TITLE 6.1 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

14. Thereby 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.

CICNATURE.

4/2/98 (904) 439-2073