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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000065918 (2)**

1. Corporation Name

PERFORMANCE PLOTTING SERVICES, INC.



Principal Place of Business

**2446 GRANT STREET
HOLLYWOOD FL 33030**

Mailing Address

**2446 GRANT STREET
HOLLYWOOD FL 33030**

3. Date Incorporated or Qualified

09/02/1994

3a. Date of Last Report

04/18/1995

2. Principal Place of Business

2a. Mailing Address

21 2117 Hollywood Blvd.

26 2117 Hollywood Blvd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

23 Hollywood FL

28 Hollywood, FL

Zip

Country

Zip

Country

24 33020

25 USA

29 33020

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LONG, PAMELA
2446 GRANT STREET
HOLLYWOOD FL 33030**

81 Name

Bryan Long

82 Street Address (P.O. Box Number is Not Acceptable)

2117 Hollywood Blvd

83

84 City

Hollywood

FL

85 Zip Code

33020

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

B. Long Bryan Long

5/6/96

Signature, typed or printed name of registered agent and applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **P** ☐ DELETE

NAME **LONG, PAMELA**
STREET ADDRESS **2446 GRANT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33030**

TITLE **V** ☐ DELETE

NAME **LONG, BRYAN**
STREET ADDRESS **2446 GRANT STREET**
CITY-ST-ZIP **HOLLYWOOD FL 33030**

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

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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 13 if changed, or on an attachment with an address.

SIGNATURE:

B. Long
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/6/96
Date

(954) 922-4700
Daytime Phone #

CR2E034 (12/95)