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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## 1997 DOCUMENT # P9400065937 (2)

PRESTIGE PERFORMANCE, INC

Principal Place of Business Mailing Address  1157 RAINWOOD CIRCLE PALM BEACH GARDENS FL 33410 PALM BEACH GARDENS FL 33410-5234						_					
							3.	Date Incorporated or Qualified 09/08/1994		ate of Last Re 29/1996	eport
2. Principal	Place of Business	2a. 26	Mailing Address				4.	FEI Number 65-05 10324	1	Ap	oplied For of Applicable
Suite, Ar	기. #, etc	27	Suite, Apt. #, etc.				5.	Certificate of Status Desired		\$8.75 / Fee Re	Additional
City & St	ate	28	City & State				6.	Election Campaign Financing Trust Fund Contribution		\$5.00 Added 1	
Zip	Country	<del>*0</del>	Zip	7 (	Country	·	8.	This corporation has liability for			
24	25	29	•	30	-		"			No	. 100.000,
	9. Name and Address of Curre		tered Agent		T		10.	Name and Address of New Re	gistered	Agent	
SI	ITAHAL, YVONNE			,	81	Name					
11	157 RAINWOOD CIRCLE				82	Street Adds	ress (I	P.O. Box Number is Not Acceptate	ıle)		
P/	alm Beach Gardens FL 33410	)			-	Olicerrada	,000 (	Dox Hambor la Hot Nooptal	,,,,,		
					83						
					84	City				<b>85</b> Zip (	Code
					"	City			FL	,   63   24	5000
SIGNATURI	Signature, typed or punted name of registered a	gent and tite	if applicable, (NC	)TE: Regis	lered Ap	ent signature requi			DATE	DIRECTOR	
12, TillE	OFFICERS A	ND DIREC	DELETE		3. .1 TITLE	<del></del>		ADDITIONS/CHANGES TO OFFIC	EHS ANL	Change	Addition
NAME	SITAHAL, YVONNE		(_) Deterie		2 NAME					- onlinge	C Addition
STREET ADDRES	4467 DAIRBHOOD OIDOLE					ADDRESS					
	PALM BEACH GARDENS FL										
CITY ST-ZIP	V		DELETE		4 CITY-5	51-211			<del></del>	Change	Additio
NAME	SITAHAL, JETAINDRANATH		בים סבוניונ	- 1	2 NAME						
SIREET ADDRES	AAES DAILBUOOD OID			1 "		ADDRESS					
1	PALM BEACH GARDENS FL				.3 SINEC . 4 CITY -	- 1					
CITY ST-ZIP			DELETE		d TITLE	31-11				Change	Addition
NAME	}			1	2 NAME						
STREET ADDRES	8					ADORESS					
CITY - \$1 - 74P	~			_ I `	.4. CITY-						
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NAME			<del></del>		. 2 NAME						
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COLV. STZIP					.4 CITY-5	į.					
THEF			DELETE		1 TITLE	211				Change	Addition
NAME	1				2 NAME					• •	
STREET ACOURES	28					ADDRESS					
CITY-ST-ZIP	) r. ,				.4 CITY-S	1					
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NAME					2 NAME						
18739L					INCHES						
STREET ADDRES	and the second			- ł.	2 CIDER	ADDRESS					

64 CITY-S1-ZIP

14. 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 export 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 proporation 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 14 changed, or on an grachment with an address.

SIGNATURE:

NATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

541-588-3191

**FILED** 

Apr 15 1997 8:00am

Secretary of State