

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # **P94000072546 (2)**

1. Corporation Name
PERFORMANCE MERCHANDISING, INC.

2. Principal Office Address
**676 N.W. 45TH STREET
MIAMI FL 33127**

3. Mailing Address
**676 N.W. 45TH STREET
MIAMI FL 33127**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1994** 3a. Date of Last Report **NEW CORP**
4. FEI Number ☒ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No
10. Name and Address of New Registered Agent

2. Principal Office Address
21. **ORANGE BOWL STADIUM**
22. **GATE 5, 1501 NW 3 ST**
23. **MIAMI FL**
24. **33125** 25. **USA**
2a. Mailing Address
26. **ORANGE BOWL STADIUM**
27. **GATE 5, 1501 NW 3 ST**
28. **MIAMI, FL 33125**
29. **33125** 30. **USA**

9. Name and Address of Current Registered Agent
**TEPPS, JEROME L
3411 POWERLINE ROAD
SUITE 701
FORT LAUDERDALE FL 33309**

81. Name
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 602.02 and 602.1509, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office to the following point of contact 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 aware of and accept the obligations of, as provided by the Florida Statutes.

12. OFFICERS AND DIRECTORS
D
FLETCHER, DWIGHT
676 N.W. 45TH STREET
MIAMI FL 33127
D
BECK, STEPHANIE
676 N.W. 45TH STREET
MIAMI FL 33127
D
MANIERI, ARMEDA
676 N.W. 45TH STREET
MIAMI FL 33127
D
MANIERI, DENNIS
676 N.W. 45TH STREET
MIAMI FL 33127
D
BECK, BRUCE
676 NW 45 ST
MIAMI
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. NAME ☐ Change ☐ Addition
1.1 NAME
1.2 NAME
1.3 FIRST ADDRESS
1.4 CITY, ST, ZIP
2. NAME ☐ Change ☐ Addition
2.1 NAME
2.2 FIRST ADDRESS
2.3 CITY, ST, ZIP
2.4 NAME
3. NAME ☐ Change ☐ Addition
3.1 NAME
3.2 FIRST ADDRESS
3.3 CITY, ST, ZIP
4. NAME ☐ Change ☐ Addition
4.1 NAME
4.2 FIRST ADDRESS
4.3 CITY, ST, ZIP
5. NAME ☐ Change ☒ Addition
5.1 NAME
5.2 FIRST ADDRESS
5.3 CITY, ST, ZIP
5.4 NAME
5.5 FIRST ADDRESS
5.6 CITY, ST, ZIP

14. I hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b) Florida Statutes. Further, I hereby certify that the information supplied with this report is true and accurate and that my signature shall have the same legal effect as if made under oath. I am aware of the obligations of, as provided by the Florida Statutes, and that my name appears on Block 12 or Block 13 if change of address is indicated.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/12/96

954-489-9995