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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

Principal Place of Business  2220 NORTH ORANGE AVE. ORLANDO FL 32804  POSSIMPORT PERFORMANCE, INC.  Mailing Address 2220 NORTH ORANGE AVE. ORLANDO FL 32804						DO NOT WRITE IN THIS  3. Date Incorporated or Qualified  01/25/1995	
2. Principal Place of Business			2a. Mailing Address		4. FEI Number	Applied For	
21			26		59-3186175	Not Applicable	
Suite, Ar	ol. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & St	ate		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	<del> </del>		7ip	Zip Country		8. This corporation owes or has paid the c	urrent year Intangible
24	25 29 30					Personal Property Tax due June 30.	∐ Yes 🔀 No
			it Hegistered Agent	81	I Name	10. Name and Address of New Registered	J Agent
PHILLIPS, RICHARD L 139 GRAND JUNCTION BLVD.				82		iress (P.O. Box Number is Not Acceptable)	
	RLANDO FL			83		areas (i.e. box Humber is Not Acceptable)	
<u> </u>				84			
						FI	
SIGNATURE		or printed frame of registered age	ent and little if applicable. (NO	E Registered Ac		poration submits this statement for the purpose stion's board of directors. I hereby accept the appared when reinstating)  DATE	
12.	OFFICERS AN		DELETE DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12  Change Addition
TITLE NAME	1 *	S, RICHARD L.	בן הננניב	1.1 TITLE 1.2 NAME			C) citalibe C) vocilion
STREET ADDRESS		AND JUNCTION BLVD		ŀ	T ADDRESS		
CITY-ST-ZIP	ORLAND			1.4 CITY-			
TITLE	V		☐ DELETE	2.1 TITLE	-		Change Addition
NAME		S, LAURA		2.2 NAME			
STREET ADDRESS		AND JUNCTION BLVD		2.3 STREE	T ADDRESS	**1	
CITY-ST-ZIP	ORLAND	10 FL	Determina	2. 4 CITY	-ST-ZIP		
TITLE			L) DELETE	3.1 TITLE			☐ Change ☐ Addition
NAME OTREET ARRESTO				3.2 NAME	1 ADDRESS		
STREET ADDRESS  CITY+ST-ZIP	9			3.3 STREE	1		
TITLE	<del></del>		DELETE	4.1 TITLE	-31-21		Change Addition
NAME				4. 2 NAME			
STREET ADDRESS	ET ADDRESS			4.3 STREE	1 ADDRESS		·
CITY-ST-ZIP	<u> </u>			4.4 CITY-	ST-ZIP		
TITLE			DELETE	5.1 TITLE		···	Change Addition
NAME				5.2 NAME	1		
STREET ADDRESS	S				T ADDRESS		
CITY-ST-ZIP	<del></del>		☐ DELETE	5.4 CITY-			Change Addition
TITLE .			טבנבוצ 🗀	6.1 TITLE			Change Addition
:				6.2 NAME 6.3 STREE	T ADDRESS		i
SHIPE NUMBER	· [			0.5 5 MCL	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

64 CITY-ST-ZIP

14. I 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 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.

**FILED** 

Apr 17 1998 8:00am

Secretary of State