SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT **CORPORATION** ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000071874 (8)

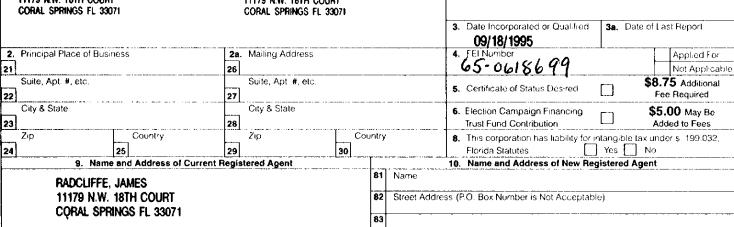
PERFORMANCE TECHNIQUES INC.

11179 N.W. 18TH COURT

Principal Place of Business

Mailing Address

11179 N.W. 18TH COURT



84 City

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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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature typed or printed name of registered agent and title it	0.075			ESTA
			#regenered Agent signature required when reinstating) [UALE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
12.			13.	ADDITIONS/CHANGES TO OFF	· · · · · · · · · · · · · · · · · · ·
THILE	D	DELETE	1.1 TITLE	RADCLIFFE, JAMES	Change 🔀 Addition
NAME	RADCLIFFE, JAMES		1.2 NAME		
STREET ADDRESS	11179 N.W. 18TH COURT		1 3 STREET ADDRESS	11179 NW 18 CT.	no es mel e
CITY - ST - ZIP	CORAL SPRINGS FL 33071		1.4 CITY - ST - ZIP	CORAL SPRINGS, I-C	<i>33</i> 071
TITLE		DELETE	2.1 TITLE	VICE PRESIDENT	Change 🔀 Addition
NAME			2 2 NAME	VARIN M. RADCHEFE	•
STREET ADDRESS			2 3 STREET ADDRESS	CORAL SPRINGS, FL VICE PRESIDENT KARIN M. RADCHEFE 11179 NW 18 CT	
CITY-ST-ZIP			2 4 CITY - ST#ZIP	COPAL SPRINGS, FL	33071
TITLE		DELETE	3.1 TILLE	SECTIONS.	Change [24] Addition
NAME			3.2 NAME	DIANE H. PADRICE	=
STREET ADDRESS			3 3 STREET ADDRESS	11179 AU 18 CT.	3
CITY-ST-ZIP			3.4 CHY-S1-ZIP	DIANE MIRADELIFFE 11179 NW 18 CT. CORAL SPRINGS, FL	33071
TITLE		DELETE	4 1 TITLE	, , , , , , , , , , , , , , , , , , , ,	Change Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4 4 CITY - ST - ZIP		
TITLE		DELETE	5 1 THTLE		Change Addition
NAME			5.2 NAME	600000189	59286
STREET ADDRESS			5.3 STREET ADDRESS	-06/20/96010	031023
CITY-ST-ZIP			54 CiTY ST ZIP	***225.00	
TITLE		DELETE	6 1 TIFLE		Change Add tion
NAME			6.2 NAME		6/
STREET ADDRESS			6 3 STREET ADDRESS		/19 .
CITY.ST.7IP			6.4.C1TV . ST., 7IP		111)2

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or or an arachment with an address

SIGNATURE:

6/6/96 (954)753-7382

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Zip Code