

MAN

May 19 1997 8:00am
Secretary of State



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

PERFORMANCE PREMIUMS, INC.

Principal Place of Business
1398 STATE RD 436 SUITE 102
CASSELBERRY FL 32707

Mailing Address
1398 STATE RD 436 SUITE 102
CASSELBERRY FL 32707-8557



| | | | |
|---|--|--|----------------|
| 3. Date Incorporated or Qualified 05/15/1996 | | 3a. Date of Last Report | |
| 4. FEI Number | | <input type="checkbox"/> | Applied For |
| | | <input checked="" type="checkbox"/> | Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

9. Name and Address of Current Registered Agent

ELLZEY, KARL M
1398 STATE RD 438 SUITE 102
CASSELBERRY FL 32707

10. Name and Address of New Registered Agent

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

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 _____

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) _____ **DATE** _____

| | | |
|----------------|-------------------------------|---------------------------------|
| 12. | OFFICERS AND DIRECTORS | |
| TITLE | Registered Agent P | <input type="checkbox"/> DELETE |
| NAME | Karl M. Ellzey | |
| STREET ADDRESS | 1398 S.R. 436, Stel02 | |
| CITY-ST-ZIP | Casselberry, FL 32707 | |
| TITLE | Incorporator VP | <input type="checkbox"/> DELETE |
| NAME | Ingeborg C. Ellzey | |
| STREET ADDRESS | 1340 Groye Terrace | |
| CITY-ST-ZIP | Winter Park, FL 32789 | |
| TITLE | | <input type="checkbox"/> DELETE |

NAME
STREET ADDRESS
CITY - ST - ZIP

| TITLE | <input type="checkbox"/> DELETE |
|----------------|---------------------------------|
| NAME | |
| STREET ADDRESS | |
| CITY-STATE-ZIP | |


| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-STATE | |

| | |
|-----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY - ST - ZIP | |

| | |
|--|---|
| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY - ST - ZIP | |

| | |
|--------------------|---|
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY- ST- ZIP | |

| | |
|--------------------|---|
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-STATE-ZIP | |

| | |
|---------------------|---|
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME |  |
| 4.3 STREET ADDRESS | |
| 4.4 CITY - ST - ZIP | |
| 4.5 PHONE | |

| | | |
|---------------------|---------------------------------|-----------------------------------|
| 5.1 TITLE | <input type="checkbox"/> Change | <input type="checkbox"/> Addition |
| 5.2 NAME | | |
| 5.3 STREET ADDRESS | | |
| 5.4 CITY - ST - ZIP | | |

| | |
|---------------------|---|
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY - ST - ZIP | Bk. des 3 11.5.00 |

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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/7/97

Date _____

407-628-4609

628-46
DAVIDSON BLOCK #

CR2E034 (9/96)