

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

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000069921 (0)

1. Corporation Name

ULTIMATE PERFORMANCE, INC.

Principal Place of Business

1144 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316

Mailing Address

1144 SOUTHEAST THIRD AVENUE
FORT LAUDERDALE FL 33316-4110

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

30

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE FL 32301

81

Name GALE TICKNER
82 Street Address (P.O. Box Number is Not Acceptable) 21391 Highlands Lakes Blvd.
83
84 City NO. MIAMI BEACH
FLORIDA FL 85 Zip Code 33179

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 *Gale R. Tickner*

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-stating)

4-19-97

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME OBRIG, ELWOOD M
STREET ADDRESS 1144 SOUTHEAST THIRD AVENUE
CITY-ST-ZIP FORT LAUDERDALE FL 33316

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

GALE TICKNER Pres. Change Addition
21391 Highlands Lakes Blvd.
NO. MIAMI BEACH, FL 33179

TITLE *PD*
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

2.1 TITLE

Change Addition

TITLE *PD*
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE

Change Addition

TITLE *PD*
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE

Change Addition

TITLE *PD*
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE

Change Addition

TITLE *PD*
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE

Change Addition

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 unchanged, or on an attachment with an address.

SIGNATURE *Gale R. Tickner*



FILED
Apr 29 1997 8:00am
Secretary of State

CR2E034 (9/96)

1-305-931
3-29-97
2-12-97