


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

FILED

May 22 1997 8:00am
Secretary of State

| | | | | | |
|---|--|---|--|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # P96000077981 (4) | | | | | |
| 1. Corporation Name A.M. PERFORMANCE ENTERPRISES INC. | | | | | |
| Principal Place of Business 7120 GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429 | | | Mailing Address 7120 GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429-7839 | | |
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 09/18/1996 | |
| 21 Suite, Apt. #, etc. | | 26 Suite, Apt. #, etc. | | 3a. Date of Last Report N/A | |
| 22 City & State | | 27 City & State | | 4. FEI Number 59-3416116 | |
| 23 Zip | | 28 Zip | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Country | | 29 Country | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 9. Name and Address of Current Registered Agent TERRERO, MANUEL J 7120 GULF TO LAKE HIGHWAY CRYSTAL RIVER FL 34429 | | | 10. Name and Address of New Registered Agent | | |
| 81 Name | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | |
| 83 City | | | 84 Zip Code | | |
| 85 | | | 86 | | |
| 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 <i>Aquilino H. Suarez</i> Aquilino H. Suarez PD 4/30/97 <small>Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| TITLE PSD <input checked="" type="checkbox"/> DELETE | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME TERRERO, MANUEL J | | | 1.2 NAME | | |
| STREET ADDRESS 7120 GULF TO LAKE HIGHWAY | | | 1.3 STREET ADDRESS | | |
| CITY - ST - ZIP CRYSTAL RIVER FL 34429 | | | 1.4 CITY - ST - ZIP | | |
| TITLE PD <input type="checkbox"/> DELETE | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME SUAREZ, AQUILINO | | | 2.2 NAME | | |
| STREET ADDRESS 7120 GULF TO LAKE HIGHWAY | | | 2.3 STREET ADDRESS | | |
| CITY - ST - ZIP CRYSTAL RIVER FL 34429 | | | 2.4 CITY - ST - ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 3.1 TITLE <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition | | |
| NAME | | | 3.2 NAME ST D LUCI SUAREZ | | |
| STREET ADDRESS | | | 3.3 STREET ADDRESS P.O. Box 2227 | | |
| CITY - ST - ZIP | | | 3.4 CITY - ST - ZIP HOMESASSA, FL 34447 | | |
| TITLE <input type="checkbox"/> DELETE | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 4.2 NAME | | |
| STREET ADDRESS | | | 4.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 4.4 CITY - ST - ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 5.2 NAME | | |
| STREET ADDRESS | | | 5.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 5.4 CITY - ST - ZIP | | |
| TITLE <input type="checkbox"/> DELETE | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | 6.2 NAME | | |
| STREET ADDRESS | | | 6.3 STREET ADDRESS | | |
| CITY - ST - ZIP | | | 6.4 CITY - ST - ZIP | | |



CR2E034 (9/96)

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: *Luci Suarez* **Luci Suarez** **STD** **4/30/97** **(352) 795-1719**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #