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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 06, 1999 8:00 am Secretary of State

05-06-1999 90029 019 ***150.00

DOCUMENT # P96000077981

1. Corporation Na A.M. PERF(DRMANCE ENTERPRI	SES INC.					
Principal Place of Business Mailing Address			s	•			(1821:931 116 19119 81111 99111 98111 98
7120 GULF TO LAK	E HIGHWAY	7120 GULF TO LAKE HIGHWAY				1	
CRYSTAL RIVER FL	34429	CRYSTAL RIVER	R FL 34429				DO NOT WRITE II
						3.	Date Incorporated or Qualifed 09/18/1996
2. Principal Place	of Business	2a. Mailing Add	iress			4.	. FEI Number
21		26					59 - 3416116
Suite, Apt. #, et	ic.	Suite, Apt. :	#, etc.			5.	, Certifcate of Status Desired
City & State		City & State	е			6.	. Election Campaign Financing Trust Fund Contribution
Zip	Country 25	Zip	Co	untry		8.	This corporation owes the current y Personal Property Tax.
	. Name and Address of Cu	rrent Registered Agent		T		10	. Name and Address of New Regi
7120 GI	2, AQUILINO H JLF TO LAKE HWY NL RIVER FL 34429			81 82 83	Name Street Addi	ress (I	P.O. Box Number is Not Acceptable)

|--|

Applied For

Fee Required \$5.00 May Be

Added to Fees

Yes

Not Applicable \$8.75 Additional

		DO NOT WRITE IN	THIS	SPAC
3.	Date Incorpo	orated or Qualifed		

8. This corporation owes the current year Intangible

10. Name and Address of New Registered Agent

TITLE STD DELETE 1.1 TITLE DELETE DELETE DELETE 1.1 TITLE DELETE DELETE DELETE 1.1 TITLE DELETE D	CRYSTAL RIVER FL 34429			83				
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 in application and secept the obligations of, Section 607/305/C, Floridad Statutor, Floridad Statutor, Typed or printed name of negistered agent and their a epiticates. 12				84	City	FL	85 Zi	p Code
Signature, Speed or printed name of registered agent and title of applications. (RIOTE Registered Agent and passed applications of passed applications.) 12	office or re	egistered agent, or both, in the State of Fil	orida. Such change was auth	orized by	the corpo	corporation submits this statement for the purpose of coration's board of directors. I hereby accept the appoint	hanging Iment as	its registered registered
TITLE STD DELETE 1.1 TITLE STD DELETE 1.1 TITLE STD DAME SUAREZ, LUCI STREET ADDRESS P.O. BOX 2227 N/A 1.3 STREET ADDRESS		Signature, typed or printed name of registered agent and	attle if applicable. (NOTE: Re	gistered Ager	nt signature r	required when reinstating) DATE		
NAME SUAREZ, LUCI STREET ADDRESS P.O. BOX 2227 N/A HOMOSASSA FL TITLE PD DELETE 2.1 TITLE PD DELETE 2.1 TITLE 2.2 NAME STREET ADDRESS CITY-ST-ZIP TITLE CITY-ST-ZIP TITLE DELETE 3.1 TITLE 3.1 TITLE ANAME STREET ADDRESS CITY-ST-ZIP TITLE ANAME 3.2 NAME 3.3 STREET ADDRESS CITY-ST-ZIP TITLE ANAME 3.3 STREET ADDRESS ALCITY-ST-ZIP ADDRESS CITY-ST-ZIP TITLE ANAME	12.	•		13.		ADDITIONS/CHANGES TO OFFICERS AND	DIREC	TORS IN 12
STREET ADDRESS	TITLE	STD	☐ DELETE	1.1 TITLE			☐ Chang	e 🗌 Addition
HOMOSASSA FL	NAME	SUAREZ, LUCI		1.2 NAME				
TITLE	STREET ADDRESS	P.O. BOX 2227 N/A		1.3 STREE	FADDRESS			
SUAREZ, AQUILINO	CITY-ST-ZIP	HOMOSASSA FL		1.4 CITY-S	T-ZIP			
STREET ADDRESS CITY-ST-ZIP	TITLE	PD	☐ DELETE	2.1 TITLE			☐ Chang	e ☐ Addition
CRYSTAL RIVER FL 2.4 CITY-ST-ZIP TITLE	NAME	Suarez, aquilino		2.2 NAME				ì
TITLE	STREET ADDRESS	7120 GULF TO LAKE HIGHWAY		2.3 STREE	T ADDRESS			
NAME	CITY-ST-ZIP	CRYSTAL RIVER FL		2. 4 CITY- S	ST- ZIP			
STREET ADDRESS 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	TITLE		☐ DELETE	3.1 TITLE			Chang	e Addition
CITY-ST-ZIP	NAME			3.2 NAME				
DELETE	STREET ADDRESS			3.3 STREE	TADDRESS			
NAME	CITY-ST-ZIP			3.4. CITY-S	ST-ZIP			
A3 STREET ADDRESS A4 CITY-ST-ZIP	TITLE		☐ DEFELE	4.1 TITLE			Chang	e ∐ Addition I
A CITY-ST-ZIP	NAME			4.2 NAME				
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NAME	CITY-ST-ZIP			4.4 CITY-S	T-ZIP			
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5.4 CITY-ST-ZIP 5.4 CITY-ST-ZIP CITY-ST-ZIP CHange Addition	NAME -							
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NAME	CITY-ST-ZIP			1	T-ZIP			
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CITY-ST-ZIP 6.4 CITY-ST-ZIP	NAME							
CIT-51-2IP	STREET ADDRESS			6.3 STREE	TADDRESS			
	CITY-ST-ZIP			2		The state of the s	6. that th	o information

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Fiding states. I have been 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, with all other like empowered.

SIGNATURE: