## 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

## **DOCUMENT #**

1. Corporation Name

P96000084070

The Performance TeaM, Inc.

## **FILED** Jul 15, 1999 8:00 am Secretary of State 07-15-1999 90004 021 \*\*\*158.75

Principal Place of Business	Mailing Address		;
14239 SW 104 Str	eet.		
Bcx #332			DO NOT WRITE IN THIS SPACE
Miami, FL 33186	•		3. Date Incorporated or Qualifed
11141117 12 33100			10/09/96
2. Principal Place of Business	2a. Mailing Address		4. FEI Number Applied For
<u> </u>	<u>├</u>	0127	65-0714014 Not Applica
21 PO Box 960127 Suite, Apt. #, etc.	26 PO Box 96 Suite, Apt. #, etc.	012/	
	27		5. Certificate of Status Desired The Required
City & State	City & State	<del></del>	6 Election Campaign Financing - \$5.00 May Re
Miami, FL	28 - Mia	mi, FL	Trust Fund ContributionAdded to Fees-
Zip Country	Zip	Country	8. This corporation owes the current year Intangible
24 3 3 2 9 6 + 0 1 2 7 2 5	2933296-0127	30	Personal Property Tax. Yes No
9. Name and Address of Cu			10. Name and Address of New Registered Agent
		" 81 Name	
		20 21	(DOD D. M. design Med Assessable)
Ploucha, L M E	so	82 Stree	Address (P.O. Box Number is Not Acceptable)
C/O ATKINSON.	DINER, STONE, et	a 1 83	
1946 TYLER STR			
HOLLYWOOD, FL		84 City	FL 85 Zip Code
		the above name	d corporation submits this statement for the purpose of changing its registered
office or registered agent, or both, in the S	State of Florida. Such change was au	thorized by the corp	poration's board of directors. I hereby accept the appointment as registered
agent. I am familiar with, and accept the o	bligations of, Section 607.0505, Flori	da Statutes.	
SIGNATURE			required when reinstating) DATE
Signature, typed or printed name of registers	ed agent and title if applicable. (NOTE: I S AND DIRECTORS	13.	required when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1:
	5 AND DIRECTORS	1.1 TITLE	Change Add
President:		1	
MAME Hector M. Saav	redra	1.2 NAME	
STREET ADDRESS 9201 SW 138 Place		1.3 STREET ADDRESS	5
CITY-ST-ZIP Miami FL 33186		1.4 CITY-ST-ZIP	☐ Change ☐ Ado
ME     Vice President	DELETE	2.1 TIπLE	
NAME Anita Princz		2.2 NAME	1
STREET ADDRESS 6416 W 8 Court		2.3 STREET ADDRESS	
city-st-zip Hialeah, FL 33	3012	2. 4 CITY-ST-ZIP	
™ Vice President	DELETE	3.1 TITLE	Change Add
NAME Daniel Princz		3.2 NAME	
STREET ADDRESS 9880 N Kendall	Drive, #H126	3.3 STREET ADDRESS	
CITY-ST-ZIP Miami, FL 3317	76	3.4. CITY-ST-ZIP	
TITLE			☐ Change ☐ Ado
NAME	☐ DELETE	4.1 TITLE	
STREET ADDRESS	☐ DELETE	4.1 TITLE 4. 2 NAME	
STILL TO BE LEGG	☐ D€LETE		
CITY-ST-ZIP	DELETE	4. 2 NAME	5
}	DELETE	4. 2 NAME 4.3 STREET ADDRESS	
CITY-ST-ZIP		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	5
CITY-ST-ZIP TITLE		4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE	Change Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME	Change Add
CITY-ST-ZIP TITLE NAME		4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS	Change Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	Change Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE	Change Add
CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	DELETE	4. 2 NAME 4.3 STREET ADDRESS 4.4 CITY- ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY- ST-ZIP 6.1 TITLE 6.2 NAME	Change Add

Interest certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(f), Fronda Statutes. From 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, with all other like empowered.

SIGNATURE:

DANIEL PRINCZ
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

June 29, 1999

Department of State Annual Reports Filings Division of Corporations PO Box 1500 Tallahassee, FL 32302-1500

Dear Sir,

Please find enclosed corresponding completed corporation renewal form for The Performance Team, Inc. We are including a check for \$158.75 to cover the filing fee.

Despite the fact that we informed the US Post Office about our change of address, your renewal notice was never received by us. We respectfully request your consideration in waiving the late penalty fee. Thank you in advance.

Sincerely,

Daniel Princz, VP

The Performance Team, Inc.