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FILED  
May 11 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000099808 (3)

1. Corporation Name

PERFORMANCE NIGHTLIFE, INC.

Principal Place of Business

Mailing Address

801 N. FRANKLIN STREET  
TAMPA FL 33602

901 N. FRANKLIN STREET  
TAMPA FL 33602

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/09/1996

4. FEI Number

59-3419960

Applied For.

Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐ \$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KUZNETSOV, OLGA  
901 N. FRANKLIN STREET  
TAMPA FL 33602

81 Name Arsenault, Kenneth G Jr

82 Street Address (P.O. Box Number is Not Acceptable)

10225 Ulmerton Rd.

83 Suite 2

84 City Largo

FL

85 Zip Code 34641

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 I 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

4/30/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE

NAME KOURMAKAEV, ROBERT  
STREET ADDRESS 3450 PALENCIA DRIVE  
CITY-ST-ZIP TAMPA FL 33618

TITLE VD ☒ DELETE

NAME KUZNETSOV, VLAD  
STREET ADDRESS 801 BOOKER VILLAGE CIRCLE  
CITY-ST-ZIP LUTZ FL 33549

TITLE SD ☒ DELETE

NAME KUZNETSOV, OLGA  
STREET ADDRESS 801 BOOKER VILLAGE CIRCLE  
CITY-ST-ZIP LUTZ FL 33549

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

1.1 TITLE PD ☐ Change ☒ Addition

12 NAME BRIAN STORMAN  
13 STREET ADDRESS 1901 IOWA AVE N  
1.4 CITY-ST-ZIP ST. PETERSBURG, FL 33703

2.1 TITLE VD ☐ Change ☒ Addition

2.2 NAME WAYNE Scherderhan  
2.3 STREET ADDRESS 101 304 E GICENTINE LN  
2.4 CITY-ST-ZIP Lake Mary FL 32746

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

14. I 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

4/30/98 913 571-7707

CR2E034 (10/97)