## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

## PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700023717 (6)

SPEEDTEK PERFORMANCE, INC.

## FILED Sep 17 1998 8:00am Secretary of State

| Principal Plac                                  | e of Business  | Mailing Address                   |                                   | 1 1841/881 11A 1811/1 1881/1 881/1 881/1 881/1 881/1   | in sìnde eriar caber (1811-1861-1961   |
|---|--|-----------------------------------|-----------------------------------|--|--|
| 4137 WEST AUTREY AVENUE 4137 WEST AUTREY AVENUE |  |                                   |                                   |  |  |
| JACKSONVILLE FL 32210 JACKSONVILLE FL 32210     |  |                                   | -                                 |  |  |
| }   |  |                                   |                                   | DO NOT WRITE IN TH   | IS SPACE   |
|   | _  |                                   |                                   | 3. Date Incorporated or Qualified 03/10/1997   |  |
|   | lace of Business   | 2a. Mailing Address               | 0.                                | 4. FEI Number  | Applied For  |
|   | BLANDING Blud  | 26 4211-C Bla                     | nching BNd                        | 59-343-1586  | Not Applicable   |
| Sulte, Apt                                      | _  | Suite, Apt. #, etc.               | •                                 | 5. Certificate of Status Desired   | \$8.75 Additional  |
| 22 501  |  | 27 - Suik                         | <u> </u>                          |  | Fee Required   |
| City & Stat                                     |  | City & State                      | inville FL                        | 6. Election Campaign Financing   | \$5.00 May Be  |
| , <del></del>                                   | souville 1FL   | +                                 |                                   | Trust Fund Contribution  | Added to Fees  |
| Zip   | Country  | Zip 32210                         | Country                           | 8. This corporation owes or has paid the co  |  |
| 24 32   | 210 25 US  | [29] 30                           | 0                                 | Personal Property Tax due June 30.   | Yes No   |
| nrn   | 9. Name and Address of Current   | vahistoian whalir                 | 81 Name                           | 10. Name and Address of New Registered   | T WHOLK  |
|   | ER, RICHARD C JR   |                                   | Traine                            |  |  |
|   |  |                                   |                                   | 82 Street Address (P.O. Box Number is Not Acceptable)  |  |
|   | FE 350   |                                   | 83                                |  | <del></del>  |
| JAC   | KSONVILLE FL 32257   |                                   | "                                 |  |  |
| <br>  |  |                                   | 84 City_                          |  | 85 Zip Code  |
|   |  | 1007 4500 51 11 01 11             |                                   | F  | <b></b>  |
| office or                                       | registered agent, or both, in the State of   | of Florida. Such change was aut   | horized by the corporation        | ration submits this statement for the purpose of con's board of directors, I hereby accept the appoint | changing its registered in its registered in its contract of the contract of t |
| agent. I i                                      | am familiar with, and accept the obligat   | ions of, section 607,0505, Florid | la Statutes.                      |  | ]  |
| SIGNATURE                                       | District the state of the state | Alore                             | : Registered Agent signature requ | DATE.  |  |
| 12.   | Signature, typed or printed name of registered agent OFFICERS AND  |                                   | 13.                               | ired when reinstating) DATE  ADDITIONS/CHANGES TO OFFICERS A   | NO DIRECTORS IN 12   |
| TITLE   | PÕ   | DELETE                            | 1.1 TITLE                         | ADDITIONAL AND TO OTHER TO   | Change Addition  |
| NAME  | ARBIZO, JOHN M   | C OCCETE                          | 1.2 NAME                          |  | Change C Addition  |
| STREET ADDRESS                                  | 4137 W. AYTREY AVENUE  | 1                                 | 1.3 STREET ADDRESS                |  | İ  |
| CITY-ST-ZIP                                     | JACKSONVILLE FL 32210  |                                   | 1.4 CITY-ST-ZIP                   |  | Į  |
| TITLE   | VD   | DELETE                            | 21 TITLE                          |  | Change Addition  |
| NAME  | RAMOS, JERROLD L   | NI DELL'IE                        | 2.2 NAME                          |  | Cliange C Addition   |
| STREET ADDRESS                                  | 4137 W. AYTREY AVENUE  | 1                                 | 2.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP                                     | JACKSONVILLE FL 32210  |                                   | 2.4 CITY-ST-ZIP                   | 1:   | ę.   |
| TITLE   |  | DELETE                            | 3.1 TITLE                         |  | Change Addition  |
| NAME  |  | - OCEL IE                         | 3.2 NAME                          |  | Cumile T vection   |
| STREET ADDRESS                                  |  |                                   | 3.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP                                     |  | ļ                                 | 3.4 CITY-ST-ZIP                   |  |  |
| TITLE   |  | DELETE                            | 4.1 TITLE                         |  | Change Addition  |
| NAME  |  | L_J OLULIE                        | 4.2 NAME                          |  | C Availage C Vooliton  |
| STREET ADDRESS                                  |  |                                   | 4.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP                                     |  |                                   | 4.4 CITY-ST-ZIP                   |  |  |
| TITLE   |  | DELETE                            | 5.1 TITLE                         |  | Change Addition  |
| NAME  |  | THI DECE IE                       | 5.2 NAME                          |  | Cuange [ ] Adultion  |
| STREET ADDRESS                                  |  |                                   | 5.3 STREET ADDRESS                |  |  |
| CITY-ST-ZIP                                     |  |                                   | 5.4 CITY-ST-ZIP                   |  |  |
| TITLE   |  | DELETE                            | 6.1 TITLE                         |  | Change Addition  |
| NAME  |  | [_] DECEIE                        | 6.2 NAME                          |  | Change   Addition  |
| STREET ADDRESS                                  |  |                                   | 6.3 STREET ADDRESS                |  | j  |
| STREET ADDRESS                                  |  | <del>!</del>                      | 0.5 STREET MUDRESS                |  |  |

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.

CICNATURE.

DUANTO CHARACTER OLIVE

9-10-98

904-777-0101