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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90001 004 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P97000023717			
1. Corporation Name SPEEDTEK PERFORMANCE, INC.			
Principal Place of Business 4711 C BLANDING BLVD SUITE C JACKSONVILLE FL 32210 US		Mailing Address 4711 C BLANDING BLVD SUITE C JACKSONVILLE FL 32210 US	
2. Principal Place of Business 21 SAME Suite, Apt. #, etc. 22 SAME City & State 23 SAME Zip 24 SAME		2a. Mailing Address 26 4137 W. AYTREY AVE. Suite, Apt. #, etc. 27 City & State 28 JACKSONVILLE, FL Zip 29 32210 Country 30 USA	
9. Name and Address of Current Registered Agent PEPER, RICHARD C JR 3020 HARTLEY ROAD SUITE 350 JACKSONVILLE FL 32257		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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 Signature, typed or printed name of registered agent and title if applicable. (NOT Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE PD <input type="checkbox"/> DELETE NAME ARBIZO, JOHN M STREET ADDRESS 4137 W. AYTREY AVENUE CITY-ST-ZIP JACKSONVILLE FL 32210		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE:

John M. Arbizo **JOHN M. ARBIZO**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-20-99

Date

904-777-0101

Telephone Phone #

CR2E034 (11/98)