

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

**FILED**  
**Apr 16 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P97000031956 (0)**  
 1. Corporation Name  
**TERMINAL VELOCITY PERFORMANCE GROUP, INC.**



Principal Place of Business <b>2222 PONCE DE LEON BLVD. 6TH FLOOR                  CORAL GABLES FL 33134</b>	Mailing Address <b>2222 PONCE DE LEON BLVD. 6TH FLOOR                  CORAL GABLES FL 33134</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business <b>5327 Sapphire Valley</b>		2a. Mailing Address <b>SAME</b>		3. Date Incorporated or Qualified <b>04/08/1997</b>	4. FEI Number <b>65-019-0398</b>	Applied For <input type="checkbox"/> Not Applicable
21. Suite, Apt #, etc.	26. Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>		
22. City & State <b>BOCA RATON FL</b>	27. City & State	28. Zip <b>33456</b>		29. Country		
23. City & State <b>BOCA RATON FL</b>	28. City & State	29. Zip <b>33456</b>	30. Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		

**9. Name and Address of Current Registered Agent**  
**FODIMAN, TODD A**  
**2222 PONCE DE LEON BLVD, 6TH FLOOR**  
**CORAL GABLES FL 33134**

**10. Name and Address of New Registered Agent**

81. Name <b>SAME</b>
82. Street Address (P.O. Box Number is Not Acceptable)
83.
84. City <b>FL</b>
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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

**12. OFFICERS AND DIRECTORS**

TITLE <b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME <del>TOPPEL, MICHAEL</del>	
STREET ADDRESS <del>5327 SAPPHIRE VALLEY</del>	
CITY-ST-ZIP <del>BOCA RATON FL 33456</del>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>MOORE, JOHN</b>	
STREET ADDRESS <b>5327 SAPPHIRE VALLEY</b>	
CITY-ST-ZIP <b>BOCA RATON FL 33456</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

1.1 TITLE	<input checked="" 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.

SIGNATURE: *[Signature]* **John Moore 3/16/98 561-447-0608**

CR2E034 (10/97)