P97000046677

DOCUMENT # 1. Entity Name

ENHANCED PERFORMANCE ASSOCIATES, INC.

Principal Place of Business 1

951-NW-13-STREET STE 3D

BOCA RATON-FL 33486-

Mailing Address

PO BOX 276056

BOCA RATON FL 33427

2. Principal Place of Busifinss 3. Mailing Address 3700 KoAd Hintor I Apt. #, etc. Suite, Apt. #, etc.

309

City & State

Country

Name

6. Name and Address of Current Registered Agent

MCCAULEY, JOHN M 95,1 NW 13 STREET STE 3D

BUCA RATON FL-33486 - 424

9. This corporation is eligible to satisfy its Intangible

BOCA RATON FL 39486-

Tax filing requirement and elects to do so.

(See criteria on back)

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME STREET ADDRESS

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NAME

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NAME

TITLE

NAME

FILE NOW!!! FEE IS \$550.00 After September 12, 2001 Fee will be \$750.00 Make Check Payable to Department of State

11. OFFICERS AND DIRECTORS TITLE ☐ Delete MCCAULEY, JOHN M PHD NAME STREET ADDRESS 951 NW 13 STREET STE 3D

TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Defete

STREET ADDRESS CITY-ST-ZIP ☐ Delete TITLE

STREET ADDRESS CITY-ST-ZIP

CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS

☐ Delete TITLE NAME STREET ADDRESS CITY-ST-ZIP

☐ Delete TITLE NAME STREET ADDRESS ☐ Change Addition

☐ Change ☐ Addition

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

TYPED OR PRINTED NAME OF