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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9800007420

1. Corporation Name

PERFORMANCE RESTORATION EXPERTS, INC.

Country

9. Name and Address of Current Registered Agent

Principal Place of Business 1500 SE 3RD CT. SUITE 103 DEERFIELD BEACH FL 33441

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

21

22

23

24

Zip

Mailing Address

1500 SE 3RD CT. SUITE 103 DEERFIELD BEACH FL 33441

Mailing Address

Suite, Apt. #, etc.

City & State

2a.

26

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Zip

## FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90210 008 \*\*\*150.00



DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 01/22/1998 Applied For FEL Number 5-0801152 Not Applicable \$8.75 Additional 5. Certifcate of Status Desired Fee Required \$5.00 May Be Election Campaign Financing Added to Fees Trust Fund Contribution This corporation owes the current year Intangible □No Personal Property Tax.

BOEHM, ANGELA D 2953 WATERFORD DR N DEERFIELD BEACH FL 33442

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	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.

Country

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Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Addition ☐ DELETE resident Change 1.1 TITLE TITLE yartin Bockm **BOEHM. ANGELA D** 12 NAME NAME 2953 Waterfield Dr. N. Decrtical Black FL 33 2953 WATERFORD DR N 1.3 STREET ADDRESS STREET ADDRESS 33442 **DEERFIELD BEACH FL 33442** 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change □ DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE TITLE 31 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition □ DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Change Addition DÉLETE 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 6.1 TITLE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 Pleot 13 of Section 13 of Section 13 of Section 14 of Section 14 of Section 15 of Section 15 of Section 15 of Section 15 of Section 16 of Section 16 of Section 17 of Section 18 of Section 18 of Section 18 of Section 18 of Section 19 of Section 19

SIGNATURE:

LINGS COLUMN STREET OF SIGNING OFFICER OR DIRECTOR

09/99 94-418-8011 ate Dayume Phone # CR2E034 (11/98)