


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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90281 023 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000032438**

1. Corporation Name  
**PERFORMANCE CAFE, INC.**

Principal Place of Business 6700 HURST HAMMOCK RD. PENSACOLA FL 32526	Mailing Address 6700 HURST HAMMOCK RD. PENSACOLA FL 32526
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>Performance Cafe</b>	2a. Mailing Address 26 <b>Performance Cafe</b>
Suite, Apt. #, etc. 22 <b>6933 N. 9th Ave.</b>	Suite, Apt. #, etc. 27 <b>6933 N. 9th Ave</b>
City & State 23 <b>Pensacola, FL.</b>	City & State 28 <b>Pensacola, FL.</b>
Zip 24 <b>32504</b>	Country 25 <b>USA</b>
Zip 29 <b>32504</b>	Country 30 <b>U.S.A</b>

3. Date Incorporated or Qualified  
**04/06/1998**

4. FEI Number **59-3513640** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**BACHMORE, JOSEPH C**  
**6700 HURST HAMMOCK RD.**  
**PENSACOLA FL 32526**

10. Name and Address of New Registered Agent

81 Name **Jennifer LaBarge**

82 Street Address (P.O. Box Number is Not Acceptable)  
**160 Mirabelle Circle**

83

84 City **Pensacola** FL 85 Zip Code **32514**

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 **Jennifer LaBarge** *Jennifer LaBarge* DATE **4/27/99**

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when registering)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>BACHMORE, JOSEPH C</b>
STREET ADDRESS	<b>6700 HURST HAMMOCK RD.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32526</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LABARGE, JENNIFER M</b>
STREET ADDRESS	<b>160 MIRABELLE CIR.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32514</b>
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>WAGNER, JASON</b>
STREET ADDRESS	<b>6933 N. 9TH AVE.</b>
CITY-ST-ZIP	<b>PENSACOLA FL 32504</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 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 **JENNIFER LABARGE** *Jennifer LaBarge* DATE **4/27/99** Daytime Phone # **857-1135**

Signature and typed or printed name of signing officer or director

CR2E034 (11/98)