

FILE NOW: FILING FEE AFTER MAY 15

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Mar 05, 1999 8:00 am
Secretary of State
03-05-1999 90027 024 ***158.75

DOCUMENT - 2

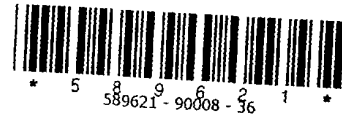
PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA
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DIVISION

DOCUMENT # P98000080408

1. Corporation Name
SWING PERFORMANCE, INC.



Principal Place of Business
5100 DUPONT BLVD. #4-N
FORT LAUDERDALE FL 33308

Mailing Address
5100 DUPONT BLVD. #4-N
FORT LAUDERDALE FL 33308

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
09/11/1998

4. FEI Number
59-2473676

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

2. Principal Place of Business
21 Suite, Apt. #, etc.
22 City & State
23 Zip
24 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip
29 Country

9. Name and Address of Current Registered Agent
BOLDUC, VICTORIA
6401 N FEDERAL HWY
FORT LAUDERDALE FL 33308

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 _____ (NOTE: Registered Agent signature required when re-statuting) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	11 TITLE	12 NAME	13 STREET ADDRESS
CITY-ST-ZIP			14 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	21 TITLE	22 NAME	23 STREET ADDRESS
CITY-ST-ZIP			24 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	31 TITLE	32 NAME	33 STREET ADDRESS
CITY-ST-ZIP			34 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	41 TITLE	42 NAME	43 STREET ADDRESS
CITY-ST-ZIP			44 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	51 TITLE	52 NAME	53 STREET ADDRESS
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE	NAME	STREET ADDRESS	61 TITLE	62 NAME	63 STREET ADDRESS
CITY-ST-ZIP			64 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: Chris Bolduc (954) 229-5042
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #