

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.**  
**AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

PROFIT CORPORATION  
 ANNUAL REPORT  
 1996



FLORIDA DEPARTMENT OF STATE  
 Sandra B. Mortham  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **S10562** (4)  
 1. Corporation Name:

**PERFORMANCE CONCEPTS INC.**



Principal Place of Business: **327 N MILITARY TRAIL W PALM BEACH FL 33415 US**  
 Mailing Address: **327 N MILITARY TR W PALM BEACH FL 33415 US**

3. Date Incorporated or Qualified: **11/01/1990** 3a. Date of Last Report: **04/28/1995**  
 4. FEI Number: **65-0227467** 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 has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business: 21  
 Suite, Apt #, etc: 22  
 City & State: 23  
 Zip: 24 Country: 25  
 2a. Mailing Address: 26  
 Suite, Apt #, etc: 27  
 City & State: 28  
 Zip: 29 Country: 30

**1179 NW 18 CT.**  
**CORAL SPRINGS, FL**  
**33071 USA**

9. Name and Address of Current Registered Agent

**BOYD, MARK R.**  
**500 E. BROWARD BLVD.**  
**STE. #1000**  
**FT. LAUDERDALE FL 33394**

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 607.0503, Florida Statutes.

SIGNATURE

Signature of Registered Agent (if applicable) (NAME of Registered Agent signature required when re-appointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **PSDT**  DELETE  
 NAME: **RADCLIFFE, JAMES E.**  
 STREET ADDRESS: **11179 N.W. 18TH COURT**  
 CITY-ST-ZIP: **CORAL SPRINGS FL**

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

TITLE:  DELETE  
 NAME:  
 STREET ADDRESS:  
 CITY-ST-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE:  Change  Addition  
 12 NAME:  
 13 STREET ADDRESS:  
 14 CITY-ST-ZIP:

21 TITLE:  Change  Addition  
 22 NAME:  
 23 STREET ADDRESS:  
 24 CITY-ST-ZIP:

31 TITLE:  Change  Addition  
 32 NAME:  
 33 STREET ADDRESS:  
 34 CITY-ST-ZIP:

41 TITLE:  Change  Addition  
 42 NAME:  
 43 STREET ADDRESS:  
 44 CITY-ST-ZIP:

51 TITLE:  Change  Addition  
 52 NAME:  
 53 STREET ADDRESS:  
 54 CITY-ST-ZIP:

61 TITLE:  Change  Addition  
 62 NAME:  
 63 STREET ADDRESS:  
 64 CITY-ST-ZIP:

**700001869287**  Change  Addition  
**-06/20/96--01031--024**  
**\*\*\*225.00**

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *J. E. Radcliffe*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/8/96

CR2E034 (3/96)