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

## FILED Mar 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 537891 EXACT Performance Inc. Principal Place of Business Mailing Address SHI Phillip's DR. 541 Phillips DR. BOCA ZATION F DO NOT WRITE IN THIS SPACE BOCA RATON F133432 3. Date Incorporated or Qualified 2. Principal Place of Business 2a, Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Yes 24 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SIRICOL BARBARCE 541 Phillips DR. Street Address (P.O. Box Number is Not Acceptable) BOOG RATION FL 33432 83 84 City 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 Signature, typical or protect name or required agent and their applicable (NOTE Registered Agent signature required when roinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change ☐ Addition TITLE 1.1 TITLE DSIRILOI FRANK 1.2 NAME NAME 506 S. DixIE HWY Pumpano Beach F STREET ADDRESS 1.3 STREET ADDRESS CITY-S1-ZIP 1.4 CITY - ST - ZIP DSIRICO, FRANK 506 S. Dixie Hwy ☐ Change Addition 2.1 TITLE TITLE NAME 2 2 NAME 2 3 STREET ADDRESS STREET ADDRESS Pompuso Beach 2 4 Cily - S1 - ZIP CHY-ST-ZIP DELETE Change Addition TITLE 3 1 TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZIP DELETE 4 1 TITLE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-7IP 4.4 CITY - ST - ZIP DELETE Addition 5.1 TITLE TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - 7IP CITY-S1-ZIP Change DELETE 61 TILLE TITLE 60000246**5**946 -03/24/98--01020--029

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 supplied 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

6.4 CITY - ST-ZIP

\*\*\*150.00

6.2 NAME 6.3 STREET ADDRESS

NAME

STREET ADDRESS

Barbara J. Sirico 3-16-98 (954) 942-6649

CR2E034 (10/97)