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

**PROFIT CORPORATION** ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # \$40828

(3)

PERFORMANCE DATA INCORPORATED

F	CHIMINITOL	חוח	1100111	OHATE

Mailing Address

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**FILED** Jan 22 1997 8:00am Secretary of State



10281 SW 121 SI MIAMI FL 33178		MIAMI FL 33176-4838			• •					
						3.	Date Incorporated or Qualified 03/21/1991	3a. Da	ate of Last Re 118/1996	eport
2. Principal Pr	lace of Business	2a. Mailing A	ddress			4.	FEI Number			plied For
21	21		26 Suite, Apt. #, etc. 27		65-0253372				t Applicable	
Suite, Apt. #, etc. 22		}n			5. Certificate of Status Desired Fee Required					
City & State	0	City & Sta	le			6.	Election Campaign Financing		\$5.00	
<b>23</b> Zip	Country	<b>28</b>		Country			Trust Fund Contribution		Added t	
24 Zip	<b>25</b>	29	30			8.	This corporation has liability for Florida Statutes	intangible ☐ Yes [		. 189.032,
24]	9. Name and Address of Cur			<del>'</del>		10.	Name and Address of New Re		·	
VAL	IGHN, JUDSON WILLIAM, JR.			81	Name					
	81 SW 121 ST.			-	01	(D	O D. M. Alesta in Net Annuals	h. I = V	<del></del>	
	MI FL 33176			82	Street Ad-	oress (P	P.O. Box Number is Not Acceptal	DIE)		
				83						
				84	City			FL	<b>85</b> Zip (	Code
l office or r	to the provisions of Sections 607.0 egistered agent, or both, in the St m familiar with, and accept the ob	ate of Florida. Such c	hange was auth	iorized b	v the corpor	rporatio ration's b	on submits this statement for the board of directors. I hereby acce	purpose or pt the app	f changing it pointment as	ts registered registered
SIGNATURE	<del></del>		ALORE D.		ent signature req		- stratefor	DATE		
12.	Signature, takes or printed name of registered OFFICERS	AND DIRECTORS	HE TECH)	13.	ant signature rec		ADDITIONS/CHANGES TO OFFI		DIRECTOR	S IN 12
TITLE	DP		DELETE	1.1 TITLE					Change	Addition
NAME	VAUGHN, JUDSON WILLIAM			1.2 NAME						
STREET ADDRESS	10281 SW 121 ST.	•			ADDRESS		•			
CITY-\$1-ZIP	MIAMI FL			1.4 CITY-	ŀ					
TITLE			DELETE	21 TITLE		·····			Change	Addition
NAME				22 NAME				•		
STREET ADORESS				2.3 STREE	CADORES\$					
City - St - Zif-				2. 4 CITY -	ST-ZIP					
THILE			DELETE	3.1 TITLE					Change	Addition
NAME				3.2 NAME						
STREET ADDRESS				3.3 STREE	T ADDRESS					
City-St-ZiP				3.4. CITY-	ST-ZIP					
TITLE			DELETE :	4.1 TITLE		·			Change	Addition
NAME				4. 2 NAME						
STREET ADDRESS				4.3 STREE	T ADDRESS					
CITY-SI-ZIFI				4 4 CITY-	ST-ZIP	***				
1ıīLE			DEFELE	5.1 TITLE					Change	Addition
NAME				52 NAME						
STREET ADDRESS				5 3 STREE	T ADDRESS					
City+S1+ZIP				5 4 CITY-	ST-ZIP		······································			171
TITLE			DELETE	6.1 TITLE					Change	Addition
NAME				6.2 NAME						
STREET ADDRESS				6.3 STREE	T ADDRESS					
City-St-7IP			1	6.4 CITY-	ST-ZIP					

14. I do 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.