

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

FILED
Mar 05 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # S64477 (0)

1. Corporation Name
PERFORMANCE MARCITE, INC.

| | |
|-------------------------------------------------------------------------|-------------------------------------------------------------|
| Principal Place of Business 2613 LUTZ LAKE FERN RD. LUTZ FL 33549 | Mailing Address 2613 LUTZ LAKE FERN RD. LUTZ FL 33549 |
|-------------------------------------------------------------------------|-------------------------------------------------------------|

DO NOT WRITE IN THIS SPACE

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| 3. Date Incorporated or Qualified 07/05/1991 | |
| 4. FEI Number 59-3078397 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

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| 2. Principal Place of Business 21 16563 Hutchinson Rd Suite, Apt. #, etc. 22 City & State 23 Odessa FL Zip 24 33556 | 2a. Mailing Address 26 16563 Hutchinson Rd Suite, Apt. #, etc. 27 City & State 28 Odessa, FL Zip 29 33556 | Country 25 USA 30 USA |
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| 9. Name and Address of Current Registered Agent PULEO, CHARLES J 2613 LUTZ LAKE FERN RD LUTZ FL 33549 | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL | |
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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 reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------------------------------|-------------------------------------------------------|------------------------------------------------------------------------------|
| TITLE | P PULEO, CHARLES 13014 N DALE MABRY S254 TAMPA FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 1.2 NAME | |
| STREET ADDRESS | | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| TITLE | VP PULEO, ROBERT 15302 OTTO ROAD TAMPA FL | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 2.2 NAME | Larry Fowler T |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 2919 Chestnut |
| CITY-ST-ZIP | | 2.4 CITY-ST-ZIP | Tampa, FL 33607 |
| TITLE | T WALTON, JULIOUS 13014 N DALE MABRY S214 TAMPA FL | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 3.2 NAME | Change title to |
| STREET ADDRESS | | 3.3 STREET ADDRESS | V.P. |
| CITY-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| TITLE | S FURLONG, PATRICK 19910 ANGEL LA ODESSA FL | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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.

SIGNATURE _____ 2-22-89

CR2E034 (10/97)