05101999-90058-045-$150.00-$150.00

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May 10, 1999 8:00 am
Secretary of State
05-10-1999 90058 045 ***150.00

PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **V01498**

1. Corporation Name
G.K. PERFORMANCE, INC.

Principal Place of Business
40 HIBISCUS WAY
OCEANRIDGE FL 33435
US
40 Hibiscus Way
Ocean Ridge
FL 33435

Mailing Address
40 HIBISCUS WAY
OCEANRIDGE FL 33435
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 568 E. WoolBright Rd.
22 Suite 128
23 City & State
24 Zip
25 Country

2a. Mailing Address
26 568 E. WoolBright Rd
27 Suite Apt. #, etc. 128
28 City & State Boyton Bch FL.
29 Zip 33435
30 Country

3. Date Incorporated or Qualified
12/20/1991

4. FEI Number
65-0314884
☐ 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 owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
KAFKA, GARY
82 MAYFAIR LN
BOYNTON BEACH FL 33462

10. Name and Address of New Registered Agent
81 Name JACK FLEISHMAN.
82 Street Address (P.O. Box Number is Not Acceptable) SUITE 104
83 2875 S. OCEAN BOULEVARD
84 City PALM BEACH FL 85 Zip Code 33480

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 Pres. GARY KAFKA Jack Fleischman Jack Fleishman 5/22/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 13		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PD KAFKA, GARY 82 MAYFAIR LANE BOYNTON BEACH FL 33462	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	President + Treasurer Sondra Pistores 40 Hibiscus 568 E. WoolBright Rd #128 Boynton Beach FL 33426	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	VICE President / SEC. GARY KAFKA 40 HIBISCUS WAY OCEAN Ridge FL. 33435	☐ Change ☒ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E034 (11/98)

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: Gary KAFKA VP/SEC. 4/10/99 (561) 252-7816
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #