FILE NOW: FILING FEE AFTER MAY 1ST IS \$\$50.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

Principal Place of Business

(1)

Mailing Address

COMMAND PERFORMANCE, INC.

FILED Feb 19 1998 8:00am Secretary of State



904 E SAMF BAY E. POMPANO I US	PLE RD BEACH FL 33064	P O BOX 50602 LIGHTHOUSE FL 33074 US	,		DO NOT WRITE IN TH 3. Date incorporated or Qualified 03/12/1992	IS SPACE
2. Principal Pi	ace of Business	2a. Mailing Address	Mailing Address		4. FEI Number	Applied For
21		26	6		65-0343567	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			D. Commonder of ottalian accounts	Fee Required
City & State		City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Count	try	8. This corporation owes or has paid the	' "
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent		1 Name	10. Name and Address of New Registere	o Agent
	ROSSFELD, SERIL L					
	SE 8TH ST. F. LAUDERDALE FL 33316		€	Street Add	dress (P.O. Box Number is Not Acceptable)	
•	I. PAUDENDALE I E 335 IU		8	3		
			-	4 0		
			l*	4 City	F	B5 Zip Code
11. Pursuant to office or reagent. Lar	o the provisions of Sections 607.0 egistered egent, or both, in the Sta in familiar with, and accept the ob	502 and 607.1508, Florida Statut tle of Florida. Such change was a igations of, Section 607.0505, Flo	es, the abo authorized orlda Statut	ove-named col by the corporates.	rporation submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE			·			
12,	Signature, typied or printed name of registered	rigent and title if applicable (NOTI ND DIRECTORS	E: Registered A	gont signature requ	ulred when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS A	
TITLE	DPST	DELETE DELETE	1.1 TOL	 -	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
NAME	GRENCI, CHARLAYNE E	الماداد ك	1.2 NAM	- 1		
STREET ADDRESS	901 E SAMPLE RD BAY E			et address		
CITY-ST-ZIP	POMPANO BEACH FL			-ST-ZIP		
TITLE	(010) 1010 00 1011 10	DELETE	2.1 TITLI			Change Addition
NAME			2.2 NAM			
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		
TITLE		☐ DELĒTE	3.1 TITLE			☐ Change ☐ Addition
NAMÉ			3.2 NAM	E		
STREET ADDRESS			3.3 STRE	ET ADDRESS		
CITY-ST-ZIP			3.4. CITY	-ST-ZIP		
TITLE		DELETE	4.1 TITLE			☐ Change ☐ Addition
NAME			4. 2 NAM	ie		
STREET ADDRESS			4.3 STRE	ET ADDRESS		
CITY-ST-ZIP			4.4 City	-ST-ZIP		
TITLE		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAM	[
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP		- 121-7-12	5.4 City			
TITLE		☐ DEL ET E	6.1 TITLE	1		Change Addition
NAME			6.2 NAM	E		}
STREET ADDRESS			6.3 STRE	ET 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:

(ASY) 783-1778