Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90056 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V39161

	AST PERFORMANCE PROD							
•		5020 110TH AVENUE	: NO					
5020 - 110TH AVE. N. 5020 110TH AVENUE NO. CLEARWATER FL 34620 CLEARWATER FL 34620								
US US						DO NOT WRITE IN THIS SPACE		
		•				3. Date Incorporated or Qualifed 05/26/1992		
2. Principal F	Place of Business	2a. Mailing Address	s			4. FEI Number	l	pplied For
21		26				59-3189891		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			5. Certificate of Status Desired	+-	Additional
22		27						Required
City & Stat	te	City & State				6. Election Campaign Financing		May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip		untry		8. This corporation owes the current year in		□No
24	25	29	30	1		Personal Property Tax. 10. Name and Address of New Registere	XXX Yes	LINU
	9. Name and Address of Curre	nt Registered Agent		81	Name	IV. Maille and Address of New Registere	- Agent	······································
STEINBACH, DEREK P. 3101 WALNUT ST NE				82		treet Address (P.O. Box Number is Not Acceptable)		
ST F	PETERSBURG FL 33704			83		_		
				84	City	- 	. 85 Zip	Code
						F	_ -	
office or agent. I a	im familiar with, and accept the obliga	ations of, Section 607.050	us, Fiorida Sta	iuies.	•	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as r	registered
12.		NO DIRECTORS	13.		it aignotore require	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECT	ORS IN 12
TITLE .	PST	DELI				7,221101107971111020 7 0 017 122110	☐ Change	
NAME	STEINBACH, DEREK P.			AME				
	DADA MALINITE OT NE				ADDRESS			
STREET ADDRESS	ST PETERSBURG FL				[
CITY-ST-ZIP		· DELI		UTY-SI	1-219		☐ Change	Addition
TITLE	D STEINBACH DEDEK D	_ 055	H	IAME				_
NAME ,	STEINBACH, DEREK P.				10000F00			
STREET ADDRESS					ADDRESS			
_CITY-ST-ZIP	ST PETERSBURG FL	☐ DELI		CITY-S	T-ZIP		Change	Addition
MUTE		C) OEC					4.101.80	_,
NAME				IAME				
STREET ADDRESS	·				ADDRESS			
CITY-ST-ZIP				CITY-S	I-ZIP	<u></u>	☐ Change	Addition
TITLE		☐ DELI						
NAME	Ì			NAME				
STREET ADDRESS	·[ADDRESS			
CITY-ST-ZIP		☐ DELI		ITY-SI	T-ZIP		☐ Change	Addition
TITLE				I≀LE IAME		•	LJ Grange	
NAME					ADDRESS			
STREET ADDRESS	1				- 1			
CITY-ST-ZIP				ITY-SI	1-41		Chaca:	Addition
TITLE	i .	C DELI	EIE ■ 0.11	HE	ı		Change Change	, Magagan

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 Adress, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

DELETE