**PROFIT CORPORATION** ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **V53994**

1. Corporation Name

K&RP	erformance engin <b>ee</b> r	ING, INC.			
Principal Place	e of Business	Mailing Address		T 18811 BITADI BITAD INTO IBITA EIRE BIRTI	BIĞIL ATRIL BIĞIL BIĞIL GIALI IDD)
639 CHILDRE AVE TITUSVILLE FL 32796  639 CHILDRE AVE TITUSVILLE FL 32796			DO NOT WRITE IN THIS	S SDACE	
US		US		3. Date Incorporated or Qualifed	3 SFACE
				07/24/1992	
2 Principal P	lace of Business	2a. Mailing Address	4.4.	4. FEI Number	Applied For
21	index of Business	26		59-3135901	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	····	5. Certificate of Status Desired	\$8.75 Additional
22		27	<u></u>	5. Certificate of Status Desired	Fee Required
City & State	6	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	C	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	This corporation owes the current year Ir     Personal Property Tax.	Tangible ☐Yes XNo
24	9. Name and Address of Curre	29 30	'	10. Name and Address of New Registered	
	g. Name and Address of Con-	Tregistered Agent	81 Name	2 4	
RODDEN, CURTIS E.			82 Street Add	C V D D D D .	
3330 PARKER ST			62 Street Add	ress (P.O. Box Number is Not Acceptable)	
MIMS FL 32754			83		
			84 City 💋		85 Zip Code
			' C	ocoA FI	L   32927
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	Signature, typed or printed name of registered a	gent and title if applicable. (NOTE: Re	gistered Agent signature requir		
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTORS IN 12  Change Addition
TITLE	PSTD	☐ DELETE	1.1 TITLE	RODDEN, CURTIS E. 6370 BANKS AVE COCOA, FL 32927	Activinge Dynamics
NAME	RODDEN, CURTIS E		1.2 NAME	1272 BANKS AVE	
STREET ADDRESS	3330 PARKER ST		1.3 STREET ADDRESS	2292-7	
CITY-ST-ZIP	MIMS FL	☐ DELETE	1.4 CITY-ST-ZIP <b>C</b> 2.1 TITLE	DCOM, PL JEIL	☐ Change ☐ Addition
TITLE		□ bettit	2.2 NAME		
NAME			2.3 STREET ADDRESS		
STREET ADDRESS			2.4 CITY-ST-ZIP		-
CITY-ST-ZIP -		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME		<b>—</b>	3.2 NAME		
STREET ADDRESS	}	l	3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADORESS			4.3 STREET ADDRESS		1
CITY-ST-ZIP			4.4 CITY+ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		1
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 City-St-ZiP		☐ Change ☐ Addition
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	1		6.3 STREET ADDRESS		Y

14. 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.

6.4 CITY-ST-ZIP

**SIGNATURE:** 

CITY-ST-ZIP

**PEOCURTIS** 

407-267-28 2393

Apr 16, 1999 8:00 am Secretary of State

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