

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

FILED  
Mar 27 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F97000005216 (3)  
1. Corporation Name  
PERFORMANCE SECURITIZATION CORPORATION



Principal Place of Business 9240 BONITA BEACH RD. SUITE 1109 BONITA SPRINGS FL 34133	Mailing Address 9240 BONITA BEACH RD. SUITE 1109 BONITA SPRINGS FL 34133
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 10/06/1997	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	4. FEI Number 35-1937341		Applied For Not Applicable	
22 City & State	27 City & State	5. Certificate of Status Desired \$8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
23 Zip 34135	25 Country USA	28 Zip 34135	30 Country USA	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				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	

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 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 12			
<input type="checkbox"/> DELETE				<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition			
TITLE	D	NAME	STAINBROOK, JOHN M	1.1 TITLE		1.2 NAME	
STREET ADDRESS	2953 FOXBOROUGH DR	CITY-ST-ZIP	GREENWOOD IN 46143	1.3 STREET ADDRESS	250 N. SHADELAND AVENUE		
				1.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46219		
TITLE	D	NAME	VONDEYLEN, JERRY D	2.1 TITLE		2.2 NAME	
STREET ADDRESS	8211 LAKE SPRINGS CT	CITY-ST-ZIP	INDIANAPOLIS IN 46238	2.3 STREET ADDRESS	250 N. SHADELAND AVENUE		
				2.4 CITY-ST-ZIP	INDIANAPOLIS, IN 46219		
TITLE	PTD	NAME	WEST, THOMAS M	3.1 TITLE		3.2 NAME	
STREET ADDRESS	1614 LANDS END VILLAGE	CITY-ST-ZIP	CAPTIVA FL 33924	3.3 STREET ADDRESS			
				3.4 CITY-ST-ZIP			
TITLE	VSAT	NAME	GRAZIANI, LEEANNE	4.1 TITLE		4.2 NAME	
STREET ADDRESS	3249 PINE RIDGE RD #101	CITY-ST-ZIP	NAPLES FL 34109	4.3 STREET ADDRESS	3225 CYPRESS GLEN WAY #101		
				4.4 CITY-ST-ZIP	NAPLES, FL 34109		
TITLE	ASAV	NAME	WAGONER, RICHARD A	5.1 TITLE		5.2 NAME	
STREET ADDRESS	2394 NASH ST	CITY-ST-ZIP	CLEARWATER FL 34625	5.3 STREET ADDRESS	PATRICK BAKER		
				5.4 CITY-ST-ZIP	26951 WYNDHURST COURT, E201		
TITLE	D	NAME	FOSTER, AMANDA D	6.1 TITLE		6.2 NAME	
STREET ADDRESS	610 BLACKSHIRE RD	CITY-ST-ZIP	WILMINGTON DE 19805	6.3 STREET ADDRESS	3301 GLEN CAIRN COURT #204		
				6.4 CITY-ST-ZIP	BONITA SPRINGS, FL 34134		

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

3/9/98

941/948-1150

CR2E034 (10/97)