

FILED
Jul 13, 1999 8:00 am
Secretary of State
07-13-1999 90014 015 ***550.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # **F98000003055** ✓

1. Corporation Name
PERFORMANCE LEASING SYSTEMS, INC.

Principal Place of Business
**1500 COLONIAL BLVD #227
FT MYERS FL 33907**

Mailing Address
**1500 COLONIAL BLVD #227
FT MYERS FL 33907**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
1500 COLONIAL BLVD
Suite, Apt. #, etc.
SUITE 232
City & State
PORT MYERS FL
Zip
33907 Country
LOE

2a. Mailing Address
1500 COLONIAL BLVD
Suite, Apt. #, etc.
SUITE 232
City & State
PORT MYERS FL
Zip
33907 Country
LOE

3. Date Incorporated or Qualified
05/29/1998

4. FEI Number
36-3728519 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. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
**YOKICH, NICHOLAS A
1500 COLONIAL BLVD #227
FT MYERS FL 33907**

10. Name and Address of New Registered Agent
81 Name **YOKSICH, NICHOLAS A.**
82 Street Address (P.O. Box Number is Not Acceptable)
83 **1500 COLONIAL BLVD. #232**
84 City **PORT MYERS** FL 85 Zip Code **33907**

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 **PRESIDENT** DATE **7-8-99**

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	CP	<input type="checkbox"/> DELETE
NAME	YOKSICH, NICHOLAS	
STREET ADDRESS	2630 SE 19TH AVE	
CITY-ST-ZIP	CAPE CORAL FL 33904	
TITLE	V	<input type="checkbox"/> DELETE
NAME	STROSCHEIN, RONALD E JR	
STREET ADDRESS	364 SWEET CLOVER	
CITY-ST-ZIP	ROUND LAKE IL 60073	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: **SIGNATURE REQUIRED** 7-8-99 991-277-7995

CR2E034 (5/99)