

2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
Jan 09, 2004 8:00 am
Secretary of State

01-09-2004 90069 025 ***150.00

DOCUMENT # F98000004923

1. Entity Name
FIRST PERFORMANCE RECOVERY CORP.



Principal Place of Business
SUITE 601
4901 NW 17TH WAY
FORT LAUDERDALE, FL 33309

Mailing Address
SUITE 601
4901 NW 17TH WAY
FORT LAUDERDALE, FL 33309

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.
Suite #200
City & State

Suite, Apt. #, etc.
Suite #200
City & State

01062004 Chg-P CR2E034 (10/03)

4. FEI Number
65-0854325
Applied For
☒ Not Applicable

Zip Country

Zip Country

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

CORPORATION SERVICE COMPANY
1201 HAYS STREET
TALLAHASSEE, FL 32301-2525

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW!!! FEE IS \$150.00
After May 1, 2004 Fee will be \$550.00

9. Election Campaign Financing
Trust Fund Contribution. ☐ \$5.00 May Be Added to Fees

10. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Delete
T	BLOHM, DONNA	8804 VERNON CT	PLANO, TX 75025	<input checked="" type="checkbox"/>
V	MOORE, JAMES A	1561 N HIATUS RD	PEMBROKE PINES, FL 33026	<input checked="" type="checkbox"/>
S	WEBER, PAUL J	7598 DAFFODIL WAY	FRISCO, TX 75034	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	Change	Addition
President	Oshea, Joseph	574 Euverdell Ave	West Islip NY 11795	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Secretary	Bloch, Randi	11877 NW 55 St.	Coral Springs FL 33076	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Treasurer	Kane, Max	32 Cow Lane	Great Neck, NY 11024	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Officer - CEO	Michael, John	111 Stillwater Avenue	Massachusetts NY 11758	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Officer - Sr. Vice Pres.	Kontogiannis, Lisa	12 Woodfield Lane	Old Brookville NY 11545	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Officer - Controller	Bertman, Chris	32 Maple Avenue	Kings Park, NY 11754	<input type="checkbox"/>	<input checked="" type="checkbox"/>

12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: Randi Bloch 1/6/04 954-771-6670
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #