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PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **P38318** (2)

1. Corporation Name

**PERFORMANCE CAPITAL MANAGEMENT INC.**



Principal Place of Business

**40 BROAD ST. 10TH FLOOR  
NEW YORK NY 10004**

Mailing Address

**40 BROAD ST 10TH FLOOR  
NEW YORK NY 10004  
US**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

**PRESS, ROBERT  
5355 TOWN CTR. ROAD  
10TH FLOOR  
BOCA RATON FL 33486**

81 Name

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

83

84 City

**FL**

85 Zip Code

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 obligation of Section 607.0505, Florida Statutes.

SIGNATURE

*Robert Press*

Signature, typed or printed name of registered agent and agent applicant

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE: **CST** ☐ DELETE  
NAME: **EDELSON, STEVEN**  
STREET ADDRESS: **8706 COLONIAL RD.**  
CITY-STATE-ZIP: **BROOKLYN NY**

TITLE: **P** ☐ DELETE  
NAME: **PRESS, ROBERT**  
STREET ADDRESS: **5935 N.W. 99TH WAY**  
CITY-STATE-ZIP: **PARKLAND FL**

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

TITLE: ☐ DELETE  
NAME:  
STREET ADDRESS:  
CITY-STATE-ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

**800001775448**  
**-04/10/96--01053--008**  
**\*\*\*200.00**

*4-10-96 JR*

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

*Steven Edelson*

**STEVEN EDELSON**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*4/1/96*

**800-255-7541**

DATE

CHARGE PHONE #

CR2E034 (12/95)