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Apr 14 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000072421 (6)

1. Corporation Name
PERFORMANCE MANAGEMENT GROUP, INC.



Principal Place of Business
540 NORTHWEST 165 STREET ROAD, SUITE 106
MIAMI FL 33169

Mailing Address
540 NORTHWEST 165 STREET ROAD,
SUITE 106
MIAMI FL 33169-6304

2. Principal Place of Business
21 901 So State Rd 7
22 Suite, Apt. #, etc. #300
23 City & State Hollywood FL
24 Zip 33023 25 Country USA

2a. Mailing Address
26 901 So State Rd 7
27 Suite, Apt. #, etc. #300
28 City & State Hollywood FL
29 Zip 33023 30 Country USA

3. Date Incorporated or Qualified 08/30/1996
3a. Date of Last Report N/A
4. FCI Number 65-0690271
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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent
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 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

TITLE PSTD
NAME HUSSON, DAVID A
STREET ADDRESS 540 NORTHWEST 165 STREET ROAD, SUITE 106
CITY-ST-ZIP MIAMI FL 33164

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.11
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do hereby certify that the information furnished 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 in an attachment with an address.

SIGNATURE

DAVID A. HUSSON 4/8/97

CR2E034 (9/96)