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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000068386 (6)

1. Corporation Name

PERFORMANCE FUNDING OF AMERICA, INC.



Principal Place of Business

1325-C DEL PRADO BLVD.
CAPE CORAL FL 33990

Mailing Address

1325-C DEL PRADO BLVD.
CAPE CORAL FL 33990

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/07/1997

4. FEI Number

65-0773584

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 or has paid the current year Intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 1449 MEDOC LANE

Suite, Apt. #, etc.

22

City & State

23 FORT MYERS, FLORIDA

Zip

24 33919

Country

25 USA

2a. Mailing Address

26 1449 MEDOC LANE

Suite, Apt. #, etc.

27

City & State

28 FORT MYERS, FLORIDA

Zip

29 33919

Country

30 USA

9. Name and Address of Current Registered Agent

CARY, DAVID W
1325-C DEL PRADO BLVD.
CAPE CORAL FL 33990

10. Name and Address of New Registered Agent

81 Name

WILLIAM D. METCALFE

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

1449 MEDOC LANE

83

84 City

FORT MYERS

FL

85 Zip Code

33919

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 file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

4-21-98

12. OFFICERS AND DIRECTORS

TITLE D ☒ DELETE
NAME MEDCALFE, WILLIAM
STREET ADDRESS 1325-C DEL PRADO BLVD.
CITY-ST-ZIP CAPE CORAL FL 33990

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE WILLIAM D. METCALFE ☒ Change ☐ Addition
1.2 NAME 1449 MEDOC LANE
1.3 STREET ADDRESS FORT MYERS, FL 33919
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME RICHARD N. BRETSCHNEIDER
2.3 STREET ADDRESS 6858 GARDENWOOD DRIVE
2.4 CITY-ST-ZIP FORT MYERS, FL 33919

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME JOHN W. DAVIS
3.3 STREET ADDRESS 5362 COUNTRYDALE CT
3.4 CITY-ST-ZIP FORT MYERS, FL 33905

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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

WILLIAM D. METCALFE

CFR2E034 (10/97)