## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700003543 (2)

MERCHANT DATA SYSTEMS, INC.

Principal Place of Business	Mailing Address	
35 NE 40TH STREET MIAMI FL 33137	35 NE 40TH STREET Miami FL 33137	

## FILED Jan 26 1998 8:00am Secretary of State



305)5/6-2020

DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/08/1997 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0761986 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5, Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 8. Election Campaign Financing 23 26 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 29 Yes 24 25 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 LAW OFFICE OF MICHAEL D. ARAMA, P.A. 35 NE 40TH STREET SUITE 105 82 Street Address (P.O. Box Number is Not Acceptable) **MIAMI FL 33137** 83 City 84 85 Zip Code FI 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, typod or printed name of registered agent and title it applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE ARAMA, MICHAEL D ESQ NAME 1.2 NAME 35 NE 40TH STREET STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33137** CITY-ST-ZIP 1.4 CITY - ST - ZIP DELETE Change Addition TITI F 2 1 TITLE STAMMINGER, LISA NAME 22 NAME **6422 COLLINS AVENUE APT 1603** STREET ADDRESS 2.3 STREET ADDRESS MIAMI BEACH FL 33137 CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE BAUMANN, JUDY A NAME 3.2 NAME 1711 DAYTONIA ROAD STREET ADDRESS 3.3 STREET ADDRESS MIAMI BEACH FL 33141 CITY-ST-ZIP 3.4 CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change TITLE 5.1 TITLE Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE TITLE 61 TITLE Change ■ Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CiTY - ST - ZIP 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.