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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # M13741 1. Corporation Name

C.Z. PAYMENTS, INC.

Principal	Place	of F	Rusine	88

Mailing Address

FILED Feb 24, 1999 8:00 am Secretary of State

02-24-1999 90036 044 ***150.00



COOPER CITY FL 33024 COOPER CITY FL 33024 DO NOT WRITE IN THI 3. Date Incorporated or Qualified 04/09/1985	IS SPACE	
04/09/1985		
2. Principal Place of Business 2a. Mailing Address 4. FEI Number	A	pplied For
21 59-2514842	T	lot Applicable
Suite Ant # etc.	\$8.75	Additional
22 27		Required
City & State City & State 6. Election Campaign Financing Trust Fund Contribution	, \$5.00 Added	May Be I to Fees
Zip Country Zip Country 8. This corporation owes the current year in	ntangible	
24 25 29 30 Personal Property Tax.	☐ Yes	□No
Name and Address of Current Registered Agent 10. Name and Address of New Registered	d Agent	
81 Name		
LIPSCHITZ, PAMELA 9900 STIRLING RD., SUITE 201 82 Street Address (P.O. Box Number is Not Acceptable)		
COOPER CITY FL 33024 83		
OUGIEN ON FE GOVET		
84 City FI	L 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 th	of changing it	s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement of the purpose 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 appraignment. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.	ointment as i	egistered
agent. I am ramiliar with, and accept the obligations of, Section 607,0003, 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 13. ADDITIONS/CHANGES TO OFFICERS A	AND DIRECT	ORS IN 12
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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, with all other like empowered.

SIGNATURE: