

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000078990 (6)

1. Corporation Name

MERCHANT ACCOUNT SERVICES, INC.



Principal Place of Business

Mailing Address

**3050 BISCAYNE BLVD SUITE 700
MIAMI FL 33137**

**3050 BISCAYNE BLVD SUITE 700
MIAMI FL 33137**

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report
10/03/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip

25 Country

29 Zip

30 Country

4. FEI Number
65-0529570

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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OWAGHTEN, JUAN T~~
~~2005 S DAYSHORE DR~~
~~SUITE 1100~~
~~MIAMI FL~~

81 Name **David E. Marko, Esq**

82 Street Address (P.O. Box Number is Not Acceptable)
One Biscayne Tower, Suite 2600

83 **2 S Biscayne Blvd**

84 City **Miami**

FL

85 Zip Code **33131**

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 transferring)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	<input checked="" type="checkbox"/> DELETE
NAME	MCDONALD, MATTHEW	
STREET ADDRESS	3050 BISCAYNE BLVD SUITE 701	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TIFFANY, SUSAN	
STREET ADDRESS	3050 BISCAYNE BLVD SUITE 701	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Eby, Dale	
1.3 STREET ADDRESS	3050 Biscayne Blvd # 700	
1.4 CITY-ST-ZIP	Miami, FL 33137	
2.1 TITLE	S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Fisher, Jann	
2.3 STREET ADDRESS	3050 Biscayne Blvd # 700	
2.4 CITY-ST-ZIP	Miami, FL 33137	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	100001836321	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	-05/23/96--01016--028	
5.3 STREET ADDRESS	***200.00	
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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:

Jann L. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.96

Date

305/573-2900

Daytime Phone #

CR2E034 (12/95)

51-96 OR