

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000039669 (3)

1. Corporation Name

PAY PER DAY, INC.



Principal Place of Business

330-340 MYRTICE AVENUE
MERRITT ISLAND FL 32952

Mailing Address

330-340 MYRTICE AVENUE
MERRITT ISLAND FL 32952

3. Date Incorporated or Qualified
05/18/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 140 N. TROPICAL TRAIL

26 140 N. TROPICAL TRAIL

4. FEI Number

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

22 LOT # 1B

27 LOT # 1B

23 MERRITT ISLAND, FL

28 MERRITT ISL, FL

24 32953 25 USA

29 32953 30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LICHTER, IRWIN G
321 N.E. 28TH STREET
MIAMI FL 33137

31 Name

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

33

34 City

FL

35 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 (if applicable)

(Signature Required when registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
VD
ROBINSON, KATHLEEN S
330-340 MYRTICE AVE.
MERRITT ISLAND FL 32952

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
PRESIDENT/D/T
NICK STIPANOVICH
140 N. TROPICAL TR. LOT 1A
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
V. PRESIDENT/D/T
LAURA STIPANOVICH
140 N TROPICAL TR. LOT 1A
MERRITT ISLAND, FL 32953

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP
700001876737
-06/26/96--01083--044
***225.00

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LAURA STIPANOVICH

4/22/96 407-456-9966
05 6/26/96

CR2E034 (12/95)