

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

**APPROVED  
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98 JUN -4 PM 2:38

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

PROFIT CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000083718 (1)

1. Corporation Name:  
QUICKPAY, INC.



0 Fed TAX LIABILITY

DO NOT WRITE IN THIS SPACE

Principal Place of Business: 2425 EAST COMMERCIAL BLVD. SUITE 101 FORT LAUDERDALE FL 33308-4003  
Mailing Address: 2425 EAST COMMERCIAL BLVD. SUITE 101 FORT LAUDERDALE FL 33308-4003

3. Date Incorporated or Qualified: 09/25/1997

2. Principal Place of Business: 21 68PS SWANSEA LANE, 22 Suite, Apt. #, etc., 23 City & State: BOYNTON BEACH FL 3347, 24 Zip: 3343, 25 Country: FL  
2a. Mailing Address: 26 Same, 27 Suite, Apt. #, etc., 28 City & State, 29 Zip, 30 Country

4. FEI Number: 62-1715036, 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

9. Name and Address of Current Registered Agent: APPLE, WALTER E, 2425 EAST COMMERCIAL BLVD. SUITE 101 FORT LAUDERDALE FL 33308-4003

10. Name and Address of New Registered Agent: 81 Name: Joel F Schlosberg, 82 Street Address (P.O. Box Number is Not Acceptable): 68PS SWANSEA LANE, 83, 84 City: Boynton Beach FL, 85 Zip Code: 33431

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 of Joel F. Schlosberg] DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		DELETE
TITLE	D	<input type="checkbox"/>
NAME	APPLE, WALTER E	
STREET ADDRESS	2425 EAST COMMERCIAL BLVD., SUITE 101	
CITY-ST-ZIP	FORT LAUDERDALE FL 33308-5703	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	Schlosberg Joel F	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	PLUS		
1.3 STREET ADDRESS	68PS SWANSEA LANE		
1.4 CITY-ST-ZIP	BOYNTON BEACH FL.		
2.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
2.2 NAME			
2.3 STREET ADDRESS			
2.4 CITY-ST-ZIP			
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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 in an attachment with an address.

SIGNATURE: [Signature of Joel F. Schlosberg] DATE: 4/26/97

CF2E034 (10/97)