FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State 1996 DIVISION OF CORPORATIONS DOCUMENT # (4)AUTOMATED MERCHANT SYSTEMS, INC. Principal Place of Business Mailing Address 600 SO. NORTH LAKE BLVD 672 HOLBROOK CIR **SUITE 175** LAKE MARY FL 32746 ALTAMONTE SPRINGS FL 32701 3. Date Incorporated or Qualified 3a. Date of Last Report 12/17/1991 04/26/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 21 Applied For 26 59-3099999 Suite, Apt. #, etc. Not Applicable Suite, Apt. #, etc. 22 5. Certificate of Status Desired \$8.75 Additional 27 City & State Fee Required City & State 6. Election Campaign Financing 23 \$5.00 May Be 28 Trust Fund Contribution \Box Zip Added to Fees Country Ζю Country 8. This corporation has liability for intangible tax under s 199.032, 24 25 29 30 Florida Statutes ☐ Yes ☐ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **B1** Name SLOAN, DANIEL LEE Street Address (P.O. Box Number is Not Acceptable) 672 HOLBROOK CIR LAKE MARY FL 32701 83 84 City 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 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 reinstating 12. OFFICERS AND DIRECTORS DATE 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 CR2E034 (12/95) TrTLE DELETE 1. 1 TITLE Change SLOAN, DANIEL LEE Addition NAME 1.2 NAME 672 HOLBROOK CIR STREET ADDRESS 1.3 STREET ADORESS LAKE MARY FL CITY - ST - ZIF 1.4 CITY-ST-ZIP TIME DELETE 2 1 TITLE ☐ Change ☐ Addition NAME 22 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 24 CITY-ST-ZIP TITLE DELETE 3. 1 TITLE ☐ Change ☐ Addition NAME 3 2 NAME STREET ADDRESS 3.3. STREET ADDRESS CITY-ST-ZIP 3.4 DITY-ST-ZIP THLE DELETE 4. 1 TITLE Change NAME ■ Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP TITLE DELETE 5 1 TITLE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE DELETE 6. 1 TITLE NAME ☐ Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CHTY-ST-ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily turnished certify that the information indicated on this annual report or supplier for annual report of the reconstruction of the reconstruction of the reconstruction of the reconstruction of trustee of the report of trustee of the report of the reconstruction of the reconstruction of the reconstruction. 6.4 CITY-ST-ZIP and other not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes, I further true and accurate and that my signature shall have the same legal effect as if made under owered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME DESIGNING OFFICER OR DIRECTOR

4 25 96 (407) 331-5465