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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

Principal Place of Business

DOCUMENT # 416202

(0)

Mailing Address

MERCHANTS ASSOCIATION INFORMATION SERVICES DIVIS ION INC

C/O RICHARD C. SWIRBUL C/O RICHARD C. SWIRBUL 134 SOUTH TAMPA STREET 134 SOUTH TAMPA STREET **TAMPA FL 33602 TAMPA FL 33602** 3. Date Incorporated or Qualified 3a. Date of Last Report 01/08/1973 02/28/1995 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-1448585 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Zip Country 8. This corporation has liability for intangible tax under s 199.032, Zip Country Yes No 24 30 Florida Statutes 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SWIRBUL, RICHARD C. 82 Street Address (P.C. Box Number is Not Acceptable) 134 SOUTH TAMPA STREET 83 **TAMPA FL 33602** 84 Zip Code City 85 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 (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition 1 1 TITLE TITLE CR2E034 NAME CURTIS, FLYNN T. 1.2 NAME 134 SOUTH TAMPA STREET STREET ADDRESS 1.3 STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 14 CITY-ST-ZIP Change Addition DELETE TITLE 2 1 TITLE MEADOR, CAROL JO 2 2 NAME NAME 134 S TAMPA ST 2.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 24 CITY-ST-ZIP ■ Addition Change DELETE 3 1 TITLE TITLE WILLIAMS, JIMMY 32 NAME NAME 2801 N FLORIDA AVE 3.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 CITY-ST-ZIP 3 4 CITY - ST - ZIP DELETE ☐ Change Addition 4. 1 TITLE TITLE BUTCHER, JACK 4.2 NAME NAME 202 S. PARKER ST STREET ADDRESS 4.3 STREET ADDRESS TAMPA FL CHTY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE SWIRBUL, RICHARD 5.2 NAME NAME 134 SOUTH TAMPA STREET 5.3 STREET ADDRESS STREET ADDRESS TAMPA, FL 00000 5.4 CiTY-ST-ZIP CITY - ST-ZIP Addition ☐ Change TITLE DELETE 6.1 TITLE KRATT, MICHAEL I NAME 62 NAME STREET ADDRESS **519 FRANKLIN STREET** 63 STREET ADDRESS TAMPA FL 64 CHTY-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.

April 10, 1996

(813) 273-7702