FILE	NOW: FILING	FEE AFT	ER MAY 1	IS \$225	.00				
PROFIT CORPORATION ANNUAL REPORT 1996			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS						
DOCUMENT # 437300			(7)			-			
4	L FARE SYSTEMS,	INC			2	a fi 1 a tha an an an 1 a tha an			
Principal Place	of Purchase		ailing Address						
Principal Place of Business M C/O JOSTIM BUSINESS CONSULTANTS 4000 S.W. 130 AVENUE CD 153 MIRAMAR FL 33027			C/O JOSTIM BUSINESS CONSULTANTS 4000 S.W. 130 AVENUE CD 153 MIRAMAR FL 33027			3. Date incorporated or Qualified	3a Data a	f Last Report	
2 Principal Pla	and of Burginger		Mollion Address			10/02/1973 4. FEI Number		4/12/1995	
2. Principal Place of Business 21			a. Mailing Adoress			4. PECINUMBER 59-1490377	<u> </u>	Applied Not App	
Suite, Apt. #, etc. 22			Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Addition Fee Require	
City & State 23			City & State			 Election Campaign Financing Trust Fund Contribution 		\$5.00 May Added to Fee	
Ζφ 24			Zip	Country 30	ý	 This corporation has liability for Florida Statutes Yes 	intangible tax	under s 199.03	2,
	9. Name and Address	of Current Regis	tered Agent	81	Name	10. Name and Address of New F	tegistered Ag	jent	
	LARRY, ESQ.	82 Str		Street Addre	ss (P.O. Box Number is Not Acceptat	ole)			
24 S ORANGE AVENUE ORLANDO FL 32802			83		•				
				84	l City			85 Zip Code	{
 Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, or registered agent, or both, in the State of Florida, Such change was authorized 					named corpora	tion submits this statement for the pu	FL rpose of chang	ging its registere	d office
familiar wit	h, and accept the obligation	ns of, Section 607.	0505, Florida Statute	ized by the corp 35.	poration s board	or directors. Thereby accept the app	ointment as re	gistered agent.	am
SIGNATURE	Signature, typed or printed name of re	gisterad agent and title if ICERS AND DIREC			nt signature required				
TITLE	PD CADILLAC, R.T.			13. 1. 1 TITLE	··	ADDITIONS/CHANGES TO OFF		Change Ad	<u> </u>
NAME STREET ADDRESS					I ADDRESS				034
CITY-S1-ZIP	MIRAMAR FL		1.4 CITY-		ST - ZIP				
TITLE NAME	S CADILLAC, MARY	JO	DELETE	2. 1 TITLE 2.2 NAME				Change 📋 Ad	Idition O
STREET ADDRESS				2 3 STREE	T ADDRESS				
CITY-ST-ZIP TITLE			2 4 CHY-ST-ZIP DELETE 3 1 TITLE		ST-ZIP			Change [] Ad	dition
NAME STORE ADDRESS				3.2 NAME					l l
STREET ADDRESS CITY-ST-ZIP			3.3 STREET ADDRESS 3.4 CHY-ST-ZIP						
TITLE NAME			DELETE 4 1 TITLE					Change 🔲 Ad	dition
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP TITLE			TT) DELEIE	4.4 CITY-1 5. 1 TIFLE	ST-ZIP		_	Chappan FT 6d	dition.
NAME			52 NAME			L.J	Change 🛄 Ad	anion	
STREET ADORESS				5.3 STREE	T ADDRESS				
CITY-ST-2IP TITLE	· · · · · · · · · · · · · · · · · · ·		DELETE	5 4 City - : 6 1 Title	ST-ZIP			Change 1 Ad	dition
NAME			6.2 NAME					-	
STREET ADDRESS CITY - ST - ZIP			6.3 STREFT ADDRESS 6.4 CITY - S1 - ZIP						
14. I do hereby certify that	the information indicated o	n this annual repor	t or sunnlemental an	mished and doe	es not qualify for	the exemption stated in Section 119 and that my signature shall have the	pama logal of	oot ac if made u	indor
e oath; that l	am an officer or director of Block 12 or Block 13 if cha	the corporation of	r the receiver or trust	ee empowered	to execute this	report as required by Chapter 607, FI	orida Statutes;	and that my na	me
SIGNAT	URE: MA	ID THE OR PHINTED	NAME OF SIGNING OFFIC		licket.	24 4.30.96 Date	954 Dayti	2436.54 me Phone #	'72