

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Aug 25 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **731619** (3)

1. Corporation Name

THE PAYMENT SYSTEMS NETWORK, INC.

Principal Place of Business

Mailing Address

**2600 LAKE LUCIEN DRIVE
#101
MAITLAND FL 32751**

**2600 LAKE LUCIEN DRIVE
#101
MAITLAND FL 32751**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.
185

Suite, Apt. #, etc.
185

City & State

City & State

Zip

Country

Zip

Country

3. Date Incorporated or Qualified
01/16/1975

3a. Date of Last Report
03/12/1996

4. FEI Number
23-7429464

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

10. Name and Address of New Registered Agent

**SCHULTZ, PATRICIA A.
2600 LAKE LUCIEN DRIVE
SUITE 101
MAITLAND FL 32751**

81. Name

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

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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, am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes.

SIGNATURE *Patricia A. Schultz*
Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-20-97

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **S** ☐ DELETE
NAME **SCHULTZ, PATRICIA A.**
STREET ADDRESS **2600 LAKE LUCIEN DRIVE, STE 401**
CITY-ST-ZIP **185**
MAITLAND FL 32751

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **# 185**
1.4 CITY-ST-ZIP

TITLE **CD** ☒ DELETE
NAME **POTTER, STEVE**
STREET ADDRESS **50 N. LAURA ST.**
CITY-ST-ZIP **JACKSONVILLE FL 32202**

2.1 TITLE ☐ Change ☒ Addition
2.2 NAME **CD**
2.3 STREET ADDRESS **TOM HEINZMANN**
8300 NW 53RD ST. SUITE 401
2.4 CITY-ST-ZIP **MIAMI FL 33166**

TITLE **D** ☒ DELETE
NAME **HEINZMANN, TOM**
STREET ADDRESS **777 BRICKELL AVE.**
CITY-ST-ZIP **MIAMI FL 33131**

3.1 TITLE ☐ Change ☒ Addition
3.2 NAME **D**
3.3 STREET ADDRESS **MARSHALL E TYNER, JR**
2501 WOOTEN BLVD.
3.4 CITY-ST-ZIP **WILSON, NC 27893**

TITLE **TD** ☒ DELETE
NAME **NUTTING, CARY C**
STREET ADDRESS **65 N. ORANGE AVE., STE 200**
CITY-ST-ZIP **ORLANDO FL 32801**

4.1 TITLE ☐ Change ☒ Addition
4.2 NAME **TD**
4.3 STREET ADDRESS **GURTES FISH**
2600 LAKE LUCIEN DRIVE SUITE 205
4.4 CITY-ST-ZIP **MAITLAND FL 32751**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition
5.2 NAME **JD**
5.3 STREET ADDRESS **STEVE P. VAGLIO**
50 N. LAURA ST.
5.4 CITY-ST-ZIP **JACKSONVILLE, FL 32202**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE *Patricia A. Schultz* **SIGNATURE REQUIRED**

**407-
8-20-97 661-5820**

CR2E037 (4/97)