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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F12534

(6)

1. Corporation Name:

AMERICAN BANK CARD, INC.

Principal Place of Business

3500 N STATE RD 7, SUITE 100
SUITE 333
LAUDERDALE LAKES FL 33319

Mailing Address

3500 N STATE RD 7, SUITE 100
SUITE 333
LAUDERDALE LAKES FL 33319-5624

3. Date Incorporated or Qualified
12/22/1980

3a. Date of Last Report
04/15/1996

2. Principal Place of Business

21 9441 W. SAMPLE ROAD

Suite, Apt. #, etc.

22 SUITE 205

City & State

23 CORAL SPRINGS, FL

Zip

24 33065

Country

25 USA

2a. Mailing Address

26 9441 W. SAMPLE ROAD

Suite, Apt. #, etc.

27 SUITE 205

City & State

28 CORAL SPRINGS, FL

Zip

29 33065

Country

30 USA

4. FEI Number

59-2565475

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 has liability for intangible tax under s. 199.032,
Florida Statutes

☐ Yes ☐ No

9. Name and Address of Current Registered Agent

GARFIELD, NEIL F.
4119 N STATE RD 7,
STE 245
LAUDERDALE FL 33319

10. Name and Address of New Registered Agent

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 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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME KAUFMAN, AARON
STREET ADDRESS 7 BERMUDA LAKE DRIVE
CITY - ST - ZIP PALM BEACH GARDENS FL 33418

TITLE ☐ DELETE

NAME COO
GARFIELD, NEIL
STREET ADDRESS 4119 N. STATE RD 7, SUITE 245
CITY - ST - ZIP LAUDERDALE LAKES FL 33319

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97

954 340-1500

CR2E034 (9/96)