SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

	M PAYMENT PLAN, INC.					
ncipal Piace	of Business	Mailing Address			111 COURT HOUSE 11011 1000 1111 111	•••
07 PARKWAY OLDSBORO N		1107 PARKWAY DRIVE GOLDSBORO NC 27533				
)EDOOGNO N	10 47000	002,000.10 110 2.011		3. Date Incorporated or Qualified	3a. Date of Last Report	
				05/09/1995 4. FEI Number	Applied F	For
Principal Pla	ace of Business	2a. Mailing Address 26 P.O. DRAWER	2027	56-1285550	Not April	
Suite, Apt #	ı, elc	Suite, Apt. #, etc.	. 	5. Certificate of Status Desired	\$8.75 Additio	
		27 Ct. 8 Stole			Fee Required	
City & State		City & Stale GOLDSBORO,	NC	6. Election Campaign Financing Trust Fund Contribution	Added to Fees	
Zφ	Country	Zip	Country	8. This corporation has liability for		032.
	25	29 27533-2027	30 USA	Florida Statutes	Yes X No	
	9. Name and Address of Currer	t Hegistered Agent	81 Name	IO. Name and Address of New Ne	egistereu Agont	
	URANCE COMMISSIONER		82 Street A	ddress (P.O. Box Number is Not Acceptat	ble)	
	PITOL PRIDA FL			ddiess (r.e. dox Northberts Not Nedephila		
FLO	INIDA FL		83			
			84 City		85 Zip Code	
NATURE			1 1 1 1	orporation submits this statement for the pration's board of directors. Thereby acceptionary for restators.	FL	stered red
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SIGNATURE: JOHN E. RZEPINSKI SIGNATURE AND TYPED OR PRINTED NAME OF

JUNE 26, 1996 (919)751-1520