## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # F9700005820 (2)

MERCHANT ACCOUNT SOLUTIONS, INC.

Principal Place of Business		Mailing Address								
1000 US HWY 1 NORTH #759 JUPITER FL 33477		1000 US HWY 1 NORTH #759 JUPITER FL 33477				DO NOT WRITE IN THIS SPACE				
						3.	Date Incorporated or Qualified 11/03/1997			
2. Principal Place of Business		2a. Mailing Address				4, FEI Number			Applied For	
21		26					22-3308539		Not Applicabl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5.	Certificate of Status Desired		. <b>75</b> Additional ee Required	
City & State		City & State	· · · · · · · · · · · · · · · · · · ·	-		6.	Election Campaign Financing Trust Fund Contribution		.00 May Be	
Zip 24 25	Country	7ip <b>29</b>	Count	try		8.	This corporation owes or has paid the Personal Property Tax due June 30.	current ye	ar Intangible	
g, Name ar	d Address of Current R	egistered Agent				10.	Name and Address of New Register	ed Agent		
DIDONATO, RICHARD 1000 U.S. HWY 1 NORTH #759				31	Name Street Address	ss (P	.O. Box Number is Not Acceptable)			
JUPITER FL 33477			-	Glioci / Idoloi	The state of the s					
			8	33						
			8	34	City		F	E 85	Zip Code	
office or registered agen	t, or both, in the State of I	nd 607.1508, Florida Statut Florida, Such change was a ns of, Section 607.0505, Flo	authorized	bγ	the corporation	ration n's b	n submits this statement for the purposicard of directors. I hereby accept the a	of chang appointme	jing its registered nt as registered	
SIGNATURE										
St <b>gnat</b> ure, typed or i	printed name of registered agent ar	of this if applicable (NOT	E: Registered A	Ago	nt signature required	when	reinstating) DAT			

SIGNATURE	Signature, typed or printed name of registered agent and title		: Registered Agent signature requi			
12.	OFFICERS AND DIREC		13.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	DELETE	1.1 TITLE		Change	Addition Addition
NAME	<b>L</b> ee, gayle		1.2 NAME			
STREET ADDRESS	45 WHITNEY RD		1.3 STREET ADDRESS			
CRTY-ST-ZIP	MAHWAH NJ		1.4 CITY - ST - ZIP			
TITLE	V	☐ DELETE	2.1 TITLE		Change	Addition
NAME	DIDONATO, RICHARD		2.2 NAME			
STREET ADDRESS	1000 US HWY #1 N., #759		2.3 STREET ADDRESS	47		
CITY-ST-ZIP	JUPITER FL		2. 4 CITY-ST-ZIP			
TITLE		DELETE	31 11TLE		☐ Change	Addition
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP			3.4. CITY-\$1-ZIP			
TITLE		DELETE	4.1 TITLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP	<u></u>		5.4 CITY - ST - ZIP			
TITLE		DELETE	6.1 TITLE		Change	Addition
NAME	:		6.2 NAME			
STREET ADDRESS	;		6.3 STREET ADDRESS			
CITY-ST-7IP			6.4 CITY_ST_7ID			

14. Thereby 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 changery or on an attactment with an address.

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4/10/00

**FILED** 

Apr 23 1998 8:00am

Secretary of State