

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 01, 1999 8:00 am
Secretary of State

04-01-1999 90001 042 ***150.00

DOCUMENT # F98000003800

1. Corporation Name

MIDSTATE CARDSERVICES, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

7-2-1998

4. FEI Number

65-0722171

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 6100 Hollywood Blvd.

Suite, Apt. #, etc.

22 Suite 600

City & State

23 Hollywood, FL

Zip

24 33024

Country

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

City & State

Zip

Country

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

81 Name

Paul D. Turner, Esq.

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

6100 Hollywood Blvd.

83 Suite 600

84 City Hollywood

FL

85 Zip Code 33024

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)

3-29-99

DATE

12. OFFICERS AND DIRECTORS

TITLE CVS ☒ DELETE

NAME Jarvis, Barbara C

STREET ADDRESS 120 W. Main St

CITY-ST-ZIP Felton, DE 19943

TITLE D ☒ DELETE

NAME McCloskey, Richard

STREET ADDRESS 120 W. Main St

CITY-ST-ZIP Felton, DE 19943

TITLE DP ☐ DELETE

NAME Perlman, Jason E

STREET ADDRESS 1525 NW 167th St Ste 300

CITY-ST-ZIP Miami, FL 33169

TITLE T ☐ DELETE

NAME Bomser, Todd

STREET ADDRESS 1525 NW 167th St Ste 300

CITY-ST-ZIP Miami, FL 33169

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 D ☐ Change ☒ Addition

1.2 NAME Austin, Sybil

1.3 STREET ADDRESS 6100 Hollywood Blvd., Suite 600

1.4 CITY-ST-ZIP Hollywood, FL 33024

2.1 TITLE DP ☐ Change ☒ Addition

2.2 NAME Diamond, Michael

2.3 STREET ADDRESS SAME AS ABOVE

2.4 CITY-ST-ZIP

3.1 TITLE C ☒ Change ☐ Addition

3.2 NAME Perlman, Jason

3.3 STREET ADDRESS SAME AS ABOVE

3.4 CITY-ST-ZIP

4.1 TITLE TVP ☒ Change ☐ Addition

4.2 NAME Bomser, Todd

4.3 STREET ADDRESS SAME AS ABOVE

4.4 CITY-ST-ZIP

5.1 TITLE S ☐ Change ☒ Addition

5.2 NAME Turner, Paul

5.3 STREET ADDRESS SAME AS ABOVE

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Paul Turner, Secretary

3-29-99

Date

954.965.1024

Daytime Phone #

CR2E034 (11/98)