

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **G53596** (4)

1. Corporation Name

CREDIT CARD SOFTWARE INTERNATIONAL, INC.



Principal Place of Business

Mailing Address

**900 WINDERLEY PL.
P.O. BOX 5575
MAITLAND FL 32751**

**900 WINDERLEY PL.
P.O. BOX 5575
MAITLAND FL 32751**

3. Date Incorporated or Qualified

08/10/1983

3a. Date of Last Report

05/01/1995

4. FEI Number

58-2349007

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

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

10. Name and Address of New Registered Agent

**WEBSTER, RONALD S
WHITTAKER, STUMP, WEBSTER, & MILLER PA
201 N. MAGNOLIA AVENUE SUITE 300
ORLANDO FL 32801**

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME **DCP
GRUBB, STEPHEN B**

STREET ADDRESS **2765 N. HILLS DR.**

CITY- ST- ZIP **ATLANTA GA**

TITLE ☐ DELETE

NAME **DV
STRANGE, J. L**

STREET ADDRESS **2724 MEADOW CHURCH RD.**

CITY- ST- ZIP **DULUTH GA**

TITLE ☒ DELETE

NAME **T
MUSSER, JENNIFER R**

STREET ADDRESS **106 LONGHORN RD**

CITY- ST- ZIP **WINTER PARK FL**

TITLE ☐ DELETE

NAME **S
HERRON, BONNIE**

STREET ADDRESS **4355 SHACKLEFORD RD.**

CITY- ST- ZIP **NORCROSS GA**

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY- ST- ZIP

1. 1. TITLE

12. NAME

13. STREET ADDRESS

14. CITY- ST- ZIP

2. 1. TITLE

22. NAME

23. STREET ADDRESS

24. CITY- ST- ZIP

3. 1. TITLE

32. NAME

33. STREET ADDRESS

34. CITY- ST- ZIP

4. 1. TITLE

42. NAME

43. STREET ADDRESS

44. CITY- ST- ZIP

5. 1. TITLE

52. NAME

53. STREET ADDRESS

54. CITY- ST- ZIP

6. 1. TITLE

62. NAME

63. STREET ADDRESS

64. CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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

Stephen B. Grubb

Date

407-660-0343

Daytime Phone #

CR2E034 (12/95)