

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 # G93125 (4)

1. Corporation Name

PAYMENT RECOVERY SYSTEMS, INC.



Principal Place of Business

Mailing Address

**2717 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE FL 33309**

**2717 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE FL 33309**

3. Date Incorporated or Qualified

03/26/1984

3a. Date of Last Report

05/30/1995

2. Principal Place of Business

21 1475 W. Cypress Creek Rd.

2a. Mailing Address

26 1475 W. Cypress Creek Rd.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 204

27 Suite 204

City & State

City & State

23 Ft. Lauderdale, Fl.

28 Ft. Lauderdale, Fl.

Zip

Country

Zip

Country

24 33309

25 USA

29 33309

30 USA

4. FE# Number

65-0055088

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

10. Name and Address of New Registered Agent

**GOLDING, STEPHEN M.
2717 W. CYPRESS CREEK ROAD
SUITE 200
FT. LAUDERDALE FL 33309**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)
1475 W. Cypress Creek Road

83 Suite 204

84 City

Ft. Lauderdale,

FL

85 Zip Code
33309

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 **PD** ☐ DELETE

NAME **GOLDING, STEPHEN M.**
STREET ADDRESS **159 S.W. 100 TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL**

TITLE **ST** ☐ DELETE

NAME **GOLDING, STEPHEN**
STREET ADDRESS **159 S.W. 100TH TERRACE**
CITY-ST-ZIP **CORAL SPRINGS FL**

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

12 NAME
13 STREET ADDRESS **1475 W. Cypress Creek Road, Suite 204**
14 CITY-ST-ZIP **Ft. Lauderdale, FL. 33309**

2.1 TITLE ☒ Change ☐ Addition

22 NAME
23 STREET ADDRESS **1475 W. Cypress Creek Road, Suite 204**
24 CITY-ST-ZIP **Ft. Lauderdale, FL. 33309**

3.1 TITLE ☐ Change ☐ Addition

32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

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; that 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

4-16-96

Date

954-772-7878

Daytime Phone #

CR2E034 (12/95)