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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J23117

(1)

V.I.P. PLASTIC CARD SERVICES, INC.

FILED Apr 25 1997 8:00am Secretary of State

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Principal Place of Business 211 S. 22NO ST. SUITE B TAMPA FL 33605 US		Mailing Address 211 S. 22ND ST. SUITE B TAMPA FL 33605-6307 US		3. Date Incorporated or Qualified				
	Place of Business	2a. Mailing Address			4. FEI Number			optied For
21		26			59-2693563			ot Applicable
Suite, Ap !2	t.#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 / Fee Re	
City & Sta	ate	City & State			6. Election Campaign Financing		\$5.00	
23		28		Trust Fund Contribution		Added 1		
Zip	Country	Zip	Count	ry	8. This corporation has liability for	or intangible ta	ax under s	. 199.032.
4	25	29	30		Florida Statutes	☐ Yes ☐	'No	
	9. Name and Address of Curr	rent Registered Agent			10. Name and Address of New	Registered A	jont	
Cl	JLLEM, JOHN P.		8	1 Name				
	6 2ND AVE N PETERSBURG FL 33701		8		ress (P.O. Box Number is Not Accept	table)		
			8	3				
			ë	4 City		FL	85 Zip (Code
agent I SIGNATURE	am familiar with, and accept the obl	ligations of, Section 607.0505,	Florida Statut	es. ;	tion's board of directors. I hereby act	DATE		registered
12.		AND DIRECTORS	13.	Serie a Series a sector	ADDITIONS/CHANGES TO OF		DIRECTOR	IS IN 12
TITLE	PDS	DELETE	1,1 TITU	<u> </u>			Change	Addition
NAME	VERZI, NICHOLAS A.		1.2 NAM	E j	•			
STREET ADDRESS	AAAA MEDIDEL AME		1.3 STRE	ET ADDRESS				
CITY-ST-ZIP	TAMPA FL		1.4 C(TY	- ST-ZIP				
TITLE	1	DELETE	2.1 TITLI				Change	Additio
NAME	VERZI, NICHOLAS A.		2.2 NAM	E '				
STREET ADDRESS	· · · · · · · · · · · · · · · · · · ·		2.3 STR	et address				
CITY-ST-7₽	TAMPA FL		2.4 CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE		☐ DELETE	3.1 TITU			ſ	Change	Additio
NAME	1		3.2 NAM	E				
STREET ADORESS	5		3.3 STR	ET ADDRESS				
CITY-ST-ZIP		T-1 Street		-ST-ZIP			76	70.00
TITLE		DELETE	4.1 TiTu			L	Change	Addition
NAME			4. 2 NAN	i				
STREET ADDRESS	S			ET ADDRESS				
CHY-ST-ZIP		DELETE	4.4 CITY 5.1 TITL	-ST-ZIP	· · · · · · · · · · · · · · · · · · ·	Т	Change	Addition
TITLE		E., OLULIE					- country	Addition
NAME PERCET ADDRESS			5.2 NAM	Į.				
STREET ADDRESS)		1	ET ADDRESS				
CITY - ST - ZIP TITLE		☐ DELETE	5.4 GITY 6.1 TITL	- ST- ŽIP		Т	Change	Additio
NAME			6.1 HILL 6.2 NAM	j j			change	A00000
STREET ADDRESS				ET ADDRESS				
	3							
CITY-ST-Zif		· · · · · · · · · · · · · · · · · · ·	54 UNY	-ST-ZIP				

4. I do 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 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

IGNATURE AND TYPED OR PRINTED NAME OF BIGNING OFFICER OR DIRECTOR

4/16/97

813-247-2226 Daytime Phone #