

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 02, 1999 8:00 am
Secretary of State

04-02-1999 90065 012 ***150.00

DOCUMENT # J84075

1. Corporation Name
ITEM PROCESSING OF AMERICA, INC.

Principal Place of Business
C/O ROBERT JACKSON
5190 N.W. 167TH STREET, SUITE 300
MIAMI FL 33014

Mailing Address
C/O ROBERT JACKSON
5190 N.W. 167TH STREET, SUITE 300
MIAMI FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
07/23/1987

4. FEI Number
59-2842867

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

JACKSON, ROBERT L.
5190 N.W. 167TH STREET
SUITE 300
MIAMI FL 33014

10. Name and Address of New Registered Agent

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

TITLE D ☐ DELETE
NAME JACKSON, ROBERT L.
STREET ADDRESS 5190 NW 167TH ST., #300
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME BRITO, JESUS
STREET ADDRESS 5190 NW 167TH ST., #300
CITY-ST-ZIP MIAMI FL

TITLE D ☐ DELETE
NAME EDELCUP, NORMAN
STREET ADDRESS 5190 NW 167TH ST., #300
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME SCHACHTER, HOWARD
STREET ADDRESS 8725 NW 18TH TERR. PENT A
CITY-ST-ZIP MIAMI FL

TITLE D ☒ DELETE
NAME BALLINA, LUIS J
STREET ADDRESS 5190 NW 167TH STREET #300
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☒ Addition
1.2 NAME P
1.3 STREET ADDRESS Jackson, Dunny
1.4 CITY-ST-ZIP 3150 Alcombe Bridge Rd.
Norcross, GA 30071

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
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

Donny Jackson

3-29-99

Date

776-246-9800

Daytime Phone #

0131605

CR2E034 (1/1/98)