## 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

SAME

**DOCUMENT #** 1. Corporation Name

Principal Place of Business

Mailing Address

PRIME PAY/ GREATER ORLANDO, INC.

FILED

00 FEB 17 AM 10: 19

SECRETARY OF STATE TALLAHASSEE, FLORIDA

BOI Douglas Ave											
Soite 101						DO NOT WRITE IN THIS SPACE					
<del>-</del>							3. Date Incorporated or Qualifed				
ALTAMONTE SPRINGS, IL 32714-5204							10-07-1988	3			
2. Principal Place of Business			2a. Mailing Address				4. FEI Number		Ar	pplied For	
: 5A	5AME 26						59-2912380		N	ot Applicable	
Suite, Apt.	#, etc.	Suite,	Suite, Apt. #, etc.				5. Certifcate of Status Desired	TO STATE OF THE ST	,	Additional	
-		27	27				5. Certificate of Status Desired		Fee R	equired	
City & Stat	e	City 8	City & State				6. Election Campaign Financing		\$5.00	May Be	
		28	<del> </del>				Trust Fund Contribution Added to Fees				
Zip	Country	Zip					8. This corporation owes the current year intangible				
.!	25	29					Personal Property Tax. Yes No				
	9. Name and Address of Cur	rent Registered	Agent				10. Name and Address of New R	egistered A	gent		
Du	laan, Kevin			8	n Ir	lame					
11611 Useppa Court					82 Street Address (P.O. Box Number is Not Acceptable)						
Naples, FL 33947					13						
	ŕ			8	4 C	ity		FI	<b>85</b> Zip	Code	
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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 / 12. OFFICERS AND DIRECTORS 13.						nature required	when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIRECTO	OPS IN 12	
12.		AND DIRECTOR	DELETE	13.		<del></del>	ADDITIONS/CHANGES TO OFF	ICERS AND	Change		
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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:

STREET ADDRESS

CITY-ST-ZIP

LAMES E. HOHILLER



February 14, 2000

Ms. Susan Payne Senior Section Administrator Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Re: Letter Number 700A00005790

Dear Ms. Payne:

Enclosed please find the corrected Merger Document with the changes as outlined in your February 4<sup>th</sup> letter. Also included is the 1999 Annual Report for PrimePay/Greater Orlando, Inc. along with a check in the amount of \$158.75 (includes additional \$8.75 fee for Certificate of Status). We relocated our offices in May of 1998 and the original 1999 Annual Report was never received, therefore, we request the reinstatement fee be waived.

Should you need any additional information, please feel free to contact me.

Respectfully,

James E. Hohimer

Director, PrimePay/Greater Orlando, Inc.