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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **K91983** **(2)**

1. Corporation Name
PAYROLL TRANSFERS, INC.

Principal Place of Business	Mailing Address
3710 CORPOREX DRIVE SUITE 300 TAMPA FL 33619	3710 CORPOREX DRIVE SUITE 300 TAMPA FL 33619-1160

3. Date Incorporated or Qualified: **05/31/1989**
3a. Date of Last Report: **02/26/1996**

2. Principal Place of Business — 21:
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23:
City & State — 28:
Zip — 24: Country — 25:
Zip — 29: Country — 30:

4. FEI Number: **59-2961796** ☐ 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

~~NRAI SERVICES, INC.~~
~~526 EXCHANGE AVENUE~~
~~TALLAHASSEE FL 32301~~

10. Name and Address of New Registered Agent

81 Name: **C T Corporation**
82 Street Address (P.O. Box Number is Not Acceptable): **1200 South Pine Island Road**
83
84 City: **Plantation** **FL** 85 Zip Code: **33324**

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: Barbara A Burke — BARBARA A. BURKE SPECIAL ASSISTANT SECRETARY — 3-18-97
Signature of 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	PCEO	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	MOORE, MICHAEL M		1.2 NAME	
STREET ADDRESS	3710 COREPOREX PARK DR., #300		1.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		1.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BERNSTEIN, BRADFORD		2.2 NAME	
STREET ADDRESS	3710 COREPOREX PARK DR., #300		2.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	DOCTOROFF, DANIEL		3.2 NAME	
STREET ADDRESS	3710 COREPOREX PARK DR., #300		3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		3.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	KWAIT, BRIAN		4.2 NAME	
STREET ADDRESS	3710 COREPOREX PARK DR., #300		4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		4.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	PARTICELLI, MARC		5.2 NAME	
STREET ADDRESS	3710 COREPOREX PARK DR., #300		5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		5.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	MIZEL, ADAM		6.2 NAME	
STREET ADDRESS	3710 COREPOREX PARK DR., #300		6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

14. 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 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: ~~Michael M. Moore~~ SIGNATURE REQUIRED Michael M. Moore 1-16-97 (813)664-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #