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May 06, 1999 8:00 am
Secretary of State

05-06-1999 90199 025 ***150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **K91983**

1. Corporation Name

PAYROLL TRANSFERS, INC.

Principal Place of Business

**3710 CORPOREX DRIVE
SUITE 300
TAMPA FL 33619**

Mailing Address

**3710 CORPOREX DRIVE
SUITE 300
TAMPA FL 33619**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/31/1989

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**C T CORPORATION
1200 S PINE ISLAND RD
PLANTATION FL 33324**

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	PCEO <input checked="" type="checkbox"/> DELETE
NAME	MOORE, MICHAEL M
STREET ADDRESS	3710 CORPOREX PARK DR., #300
CITY-ST-ZIP	TAMPA FL 33619
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, BRADFORD
STREET ADDRESS	3710 CORPOREX PARK DR., #300
CITY-ST-ZIP	TAMPA FL 33619
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	DOCTOROFF, DANIEL
STREET ADDRESS	3710 CORPOREX PARK DR., #300
CITY-ST-ZIP	TAMPA FL 33619
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	KWAIT, BRIAN
STREET ADDRESS	3710 CORPOREX PARK DR., #300
CITY-ST-ZIP	TAMPA FL 33619
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	PARTICELLI, MARC
STREET ADDRESS	3710 CORPOREX PARK DR., #300
CITY-ST-ZIP	TAMPA FL 33619
TITLE	D <input checked="" type="checkbox"/> DELETE
NAME	MIZEL, ADAM
STREET ADDRESS	3710 CORPOREX PARK DR., #300
CITY-ST-ZIP	TAMPA FL 33619

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	THOMAS C. WAJNERT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Chairman/President
1.3 STREET ADDRESS	3710 CORPOREX PARK DR STE 300
1.4 CITY-ST-ZIP	TAMPA, FL 33619
2.1 TITLE	CFO <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS S. TAYLOR
2.3 STREET ADDRESS	3710 CORPOREX PARK DR STE 300
2.4 CITY-ST-ZIP	TAMPA, FL 33619
3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE A. ROSENTHAL
3.3 STREET ADDRESS	PO BOX CORPORATE PARK 2
3.4 CITY-ST-ZIP	1480 ROUTE 9 N Woodbridge, NJ 07095
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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

Date

Daytime Phone #

THOMAS S. TAYLOR 4-28-99 (813) 261-9300

CR2E034 (11/98)