## 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

## **DOCUMENT # L69049** 1. Corporation Name

PAYROLL DEPOT, INC.

## **FILED** Mar 17, 1999 8:00 am Secretary of State

03-17-1999 90050 006 \*\*\*150.00



	•					]			(  <b>1994</b>    <b>1994</b>    1 <b>38</b>	
Principal Place of Business Mailing Address						]	(30;1011 Alb 6114 (9114 90115 B:014 (414 91414 1	THE PERSON	() O1811 G1811 1881	
2300 W SAMPLE RD			_							
POMPANO BEACH FL 33073 POMPANO BEACH FL 33073						<u> </u>		T WRITE IN THIS SPACE		
						3.	Date incorporated or Qualifed			
							04/30/1990			
2. Principal Pl	lace of Business	2a. Mailing Ad	dress			4.	FEI Number		Applied For	
21		26	26			ł	65-0197700		Not Applicable	
Suite, Apt.	#, etc.	Suite, Apt.	Suite, Apt. #, etc.			-5	Certificate of Status Desired	• -	Additional	
22		27	27			Fee Rec			Required	
City & State	e	City & Star	te			6.	Election Campaign Financing	\$5.0	0 May Be	
23		28	28			Trust Fund Contribution			d to Fees	
Zip	Country	Zip	Zip Country			8.	This corporation owes the current year In-	_=	_	
24	25	29	30			<u> </u>	Personal Property Tax.	Yes	□No	
	9. Name and Address of Curr	rent Registered Agen	ıt	┸		10.	Name and Address of New Registered	Agent		
	•			81	Name				Į.	
LIGHTMAN, LOIS				82	Street Address (P.O. Box Number is Not Acceptable)					
2300 W SAMPLE RD				On our radicos (1.10. Don Hadiber to Her resopration)						
SUITE 302				83	83					
POMPANO BEACH FL 33073				$\perp$						
				84	City		FL	85 Zig	p Code	
44 Pursuant	to the provisions of Sections 607 (	1502 and 607 1508 Flo	orida Statutes, the	ahove	e-named como	ration	submits this statement for the purpose of	changing i	its registered	
office or o	egistered agent, or both, in the Sta m familiar with, and accept the obl	ite of Florida. Such cha	ange was authorize	ed by	the corporation	's bo	pard of directors. I hereby accept the appoint	ntment as	registered	
_	,								,	
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicable.	(NOTE: Registere	d Ager	nt signature required v					
12.	OFFICERS	AND DIRECTORS	13				ADDITIONS/CHANGES TO OFFICERS A		FORS IN 12	
TITLE	DV DELETE 1.		TITLE		Change	e 🔲 Addition				
NAME )	LIGHTMAN, LOIS			NAME	ì				j	
STREET ADDRESS	ET ADDRESS 19820 SAWGRASS DR, #3803				1.3 STREET ADDRESS				ì	
CITY-ST-ZIP	BOCA RATON FL		1.40	CITY-S	T-ZiP					
TITLE				mre	Æ			☐ Change	e 🔲 Addition	
			2.2 NAME					{		
			STREE	TADORESS						
CITY-ST-ZIP	BOCA RATON FL	==	2.4	CITY-S	T-ZIP					
TITLE				TITLE		_		Change	e 🔲 Addition	

5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition 6.1 TITLE DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

3.3 STREET ADDRESS

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

DELETE

DELETE

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 of 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 or an attachment with an address, with all other like empowered.

SIGNATURE: \_

NAME

TITLE

NAME

TITLE

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Addition

☐ Addition

Change

☐ Change