## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

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DOCUMENT # L71669

(0)

FLORIDA MERCHANT SERVICES, INC.



					<u>{                                     </u>	481) #483) PION 01810 PION HEBS PION 1881
Principa! Pla	ace of Business	Mailing Address				
405 GREYTWIG RD P.O. BOX 3704 VERO BEACH FL 32963 VERO BEACH FL 32964						
		US			3. Date Incorporated or Qualified 05/07/1990	3a. Date of Last Report 07/17/1995
2. Principal	Place of Business	2a. Mailing Address 26			4. FEI Number 65-0268089	Applied For Not Applicable
	pt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & S	state	Cily & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Cour	try	8. This corporation has liability for it	ntangible tax under s 199.032,
24	25	29	30	•	Florida Statutes	
	9. Name and Address of Cui		- <b></b>		10. Name and Address of New R	egistered Agent
				B1 Name		
PIFR	PONT, ROBERT S.			DO Chunck Addu	ess (P.O. Box Number is Not Acceptab	(a)
	GREYTWIG ROAD		)'	B2 Street Addr	ess (F.O. Box Northber is Not Acceptab	(-)
	D BEACH FL 32963		<u> </u>	83		
45,0	D BENOTITE DEBOO					
<b></b>				64 City		FL 85 Zip Code
11. Pufsua	ant to the provisions of Sections 607.0	502 and 607.1508, Florida Statute Jorida, Such chaprie was authorize	s, the abou	re-named corpor	ration submits this statement for the pur rd of girectors. I hereby accept the appo	pose of changing its registered office   bintment as registered agent. Lam
familia	r with, and accept the obligations of, S	Section 607.0505, Florida Statutes			2	1 - 10 (
SIGNATUR	Robert 5.4	respont	1/2			4/29/46
	Signature, typed or printed name of registered a		E: Hegistered	Agent significa e require	ad when reinstalting	DATE OF THE DESCRIPTION OF THE PROPERTY OF THE
12.	OFFICERS	AND DIRECTORS	13.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	ADDITIONS/CHANGES TO OFFI	Change Addition
TITLE			1.1 111			
NAME	PIERPONT, ROBERT S. 405GREYTWIG RD		1.2 NA			
STREET ADDRE	VERO BEACH FL			REET ADDRESS		
CITY - ST - ZIP	VERO BEAUTI FL	☐ DELĒTE	2 1 1)	Y-ST-ZIP		Change Addition
TITLE						
NAME			22 N4			
STREET ADDRE	iss			REE1 ADDRESS		
CITY-ST-ZIP		DELETE	3. 1 TI	Y-ST-ZIP		Change Addition
TITLE		T) percer	3.1 II	'		
NAME CTOTEX + DODG	rec			REET ADDRESS		
STREET ADDRE	r99			l		
CITY-ST-ZIP TITLE		DELETE	4 1 70	Y - ST - Z(P)		Change Addition
		L.J occese	4.2 NA			
NAME EXECUTADORS	ree			REET ADDRESS		
STREET ADDRE	133			IY-ST-ZIP	10000183	22211
CITY-ST-ZIP		DELETE	5 1 TI		-05/15/96010	]45[]116Change
NAME			5 2 NA		***200.00	·
STREET ADDRE	ree			REFT ADDRESS	The state of the s	:
1	100		1	IY-ST-ZIP		
CITY-ST-ZIP		DELETE	6 1 11			Change Addition
NAME	1		6 2 NA			~ <b>√</b>
	rec			REE1 ADDRESS		AGE .
STREET ADDRI			1	IY-SI-ZIP		5-1-96
CITY-ST-ZIP	i		0.4 (-1	11-31-21		- , , , ,

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13.4 changed, or or an attachment with an address.

SIGNATURE SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OF DIRECTOR

407-231-708/

CR2E034 (12/95)