

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # M72197 (0)

1. Corporation Name  
WE STRIPE, INC.



Principal Place of Business

Mailing Address

% WILLIAM E. FOLGER  
4200 LANDAR DR.  
LAKE WORTH FL 33463

% WILLIAM E. FOLGER  
4200 LANDAR DR.  
LAKE WORTH FL 33463

3. Date Incorporated or Qualified 03/09/1988  
3a. Date of Last Report 04/24/1995

|                                |                         |   |  |
|--------------------------------|-------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address     | 4. FEI Number   | Applied For  |
| 21. c/o DONNA J. FOLGER        | 26. c/o DONNA J. FOLGER | 65-0037640  | Not Applicable   |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc.     | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required                           |
| 22. 4200 N. LANDAR DR.         | 27. 4200 N. LANDAR DR.  | <input type="checkbox"/>  | \$5.00 May Be Added to Fees                              |
| City & State                   | City & State            | 6. Election Campaign Financing  | Trust Fund Contribution                                  |
| 23. LAKE WORTH, FL             | 28. LAKE WORTH, FL      | <input type="checkbox"/>  |  |
| Zip                            | Zip                     | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |
| 24. 33463                      | 25. PALM BEACH          |   |  |
| County                         | County                  |   |  |
| 29. 33463                      | 30. PALM BEACH          |   |  |

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FOLGER, WILLIAM E.  
4200 LANDAR DR.  
LAKE WORTH FL 33463

81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83. City  
84. LAKE WORTH FL 85. 33463

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 607.05, Florida Statutes.

SIGNATURE: Donna J. Folger

Signature, typed or printed name of registered agent and title, as applicable.

(NOTE: Registered Agent signature required when reinstating)

4/29/96

| 12. OFFICERS AND DIRECTORS |                    | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                       |
|----------------------------|--------------------|---|-----------------------|
| TITLE                      | D                  | 1.1 TITLE   | DIP                   |
| NAME                       | FOLGER, WILLIAM E. | 1.2 NAME  | DONNA J. FOLGER       |
| STREET ADDRESS             | 4200 LANDAR DR.    | 1.3 STREET ADDRESS                                    | 4200 N. LANDAR DR.    |
| CITY-ST-ZIP                | LAKE WORTH FL      | 1.4 CITY-ST-ZIP                                       | LAKE WORTH, FL 33463  |
| TITLE                      |                    | 2.1 TITLE   | 1/5                   |
| NAME                       |                    | 2.2 NAME  | MICHAEL E. FOLGER     |
| STREET ADDRESS             |                    | 2.3 STREET ADDRESS                                    | 14 PICKWICK PARK EAST |
| CITY-ST-ZIP                |                    | 2.4 CITY-ST-ZIP                                       | GREENACRES, FL 33463  |
| TITLE                      |                    | 3.1 TITLE   |                       |
| NAME                       |                    | 3.2 NAME  |                       |
| STREET ADDRESS             |                    | 3.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                    | 3.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                    | 4.1 TITLE   |                       |
| NAME                       |                    | 4.2 NAME  |                       |
| STREET ADDRESS             |                    | 4.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                    | 4.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                    | 5.1 TITLE   |                       |
| NAME                       |                    | 5.2 NAME  |                       |
| STREET ADDRESS             |                    | 5.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                    | 5.4 CITY-ST-ZIP                                       |                       |
| TITLE                      |                    | 6.1 TITLE   |                       |
| NAME                       |                    | 6.2 NAME  |                       |
| STREET ADDRESS             |                    | 6.3 STREET ADDRESS                                    |                       |
| CITY-ST-ZIP                |                    | 6.4 CITY-ST-ZIP                                       |                       |

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 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:

Donna J. Folger, Director/President 4/29/96 (407)641-3161

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034 (12/95)