FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Apr 30 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M92698

(3)

FIRST ITEM PROCESSING CORP.

Principal Place of Business * PAUL KLIMEK 4257 NW 1ST AVENUE BOCA RATON FL 33431		Mailing Address S PAUL KLIMEK 4257 NW 1ST AVENUE BOCA RATON FL 33431-4236				
				 Date Incorporated or Qualifi 08/01/1988 	ed 3a. Date of Last Report 01/23/1996	
2. Principal Pi	lace of Business	2a. Mailing Address 26		4, FEI Number 65-0086166	Applied For Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State	9	City & State		Election Campaign Financin Trust Fund Contribution	g \$5.00 May Be Added to Fees	
Zip 24	Country 25	7ip	Country 30		for intangible tax under s. 199.032,	
	9. Name and Address of Cure		1001	10. Name and Address of Nev		
KI M	MEK, PAUL		81 Name			
4257 NW 1ST AVENUE			62 Stree	t Address (P.O. Box Number is Not Acce		
BOCA RATON FL 33431			Sired	Address (F.O. Box Number is Not Acce		
			B3			
			84 City		FL 85 Zip Code	
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508. Florida Statu	utes, the above-name	d corporation submits this statement for t	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		ngarona or, occitor cor locoo, r	ionga etatotes		•	
SIGNATORE	Signature, typed or printed name of registered	agent and title if applicable. (NC	TE: Registered Agent signatu	ire required when reinstating)	DATE	
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO C	FFICERS AND DIRECTORS IN 12	
TITLE	DP	DELETE	1.1 TITLE		Change Addition	
NAME	KUMEK, PAUL		1.2 NAME		i	
STREET ADDRESS	5286BUCKHEAD CIR		1 3 STREET ADDRESS	; į		
CITY-ST-ZIP	BOCA RATON FL		14 CITY-ST-ZIP			
TITLE	STD	☐ DELETE	21 TITLE		☐ Change ☐ Addition	
NAME	BIRD, RICHARD A.		2 2 NAME	1	ļ	
STREET ADDRESS	2687 N OCEAN BLVD		2.3 STREET ADDRESS	6		
CITY-ST-ZIP	BOCA RATON FL		2. 4 CITY - ST - ZIP			
TITLE		☐ DELETE	3.1 TITLE		L_I Change L_I Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS		į	
CITY-ST-ZIP			3.4. CITY - \$1 - ZIP	<u> </u>		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS	5		
CITY-ST-ZIP	·	Burr	44 CITY-S1 - 7IP	ļ		
TITLE		DELETE	5 1 1ITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS	·		
CITY-ST-ZIP		Dritte	5.4 CHY-ST-7IP		Phone Lawren	
TITLE		☐ DELETE	6.1 TITLE	1	☐ Change ☐ Addition	
NAME			6.2 NAME			
STREET ADDRESS			E S STREET ADDRESS	S 1		

14. Ido 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