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

PROFIT CCRPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Kather ne Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90225 044 ***150.00

DOCUMENT # M92698

1. Corporat on Name

FIRST ITEM PROCESSING CORP.

Principal Plac	e of Business	Mailing Address		THE SECTION OF THE PROPERTY OF		
% PAUL KLIME	EK	% PAUL KLIMEK				
4257 NW 1ST AVENUE		4257 NW 1ST AVENUE		5.0 1107 1170/75 111 711	0.004.05	
BOCA RATON	FL 33431	BOCA RATON FL 33431		DO NOT WRITE IN THE	S SPACE	
				3. Date Incorporated or Qualifed		
				08/01/1988		
2. Principal P	Place of Business	2a. Mailing Address		4. FEI Number	+ +	lied For
21		26		65-0086166		Applicable
Suite, Art.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 A	
22		27				-
City & Stat	te	City & State		6. Election Campaign Financing	\$5.00	•
23		28		Trust Fund Contribution	Added to	Fees
Zìp	Country	Zip	Country	8. This corporation owes the current year I		F7
24	25	29	30	Personal Property Tax.		[]No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registere	1 Agent	
121 48	4FIZ DALU		81 Name	LMEK, PACK		
	ÆK, PAUL		82 Street Add	ress (P.O. Bex Number is Not Acceptable)		
	7 NW 1ST AVENUE		425	1 N.W. TSI Succes		
BOC	CA RATON FL 33431		83			
			04 00		Tip C	- do
			84 City See	CA RATON F!	L 85 700	31
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statut	es, the above-named co	poration submit; this statement for the purpose	of changing its r	egistered
i office o∵r	registered agent, or both, in the State or im familiar with, and accept the obligation	l Florida. Such change was a	uthorized by the corpora:	on's board of directors. I hereby accept the app	ontment as reg	istered
SIGNATURE	ic./mid/ with, cita do /opt are assignment					
SIGNATURE	Signature, typed or printed nar ie of registered agent	ind title if applicable. (NOTE	: Registered Agent signature require			
12.	OFFICERS AND		13.	ADDITIC NS/CHANGES TO OFFICERS A		
TITLE	DPS	☐ DELETE	1.1 TITLE	<i>PS</i> '	💢 Change	Addition
NAME	KLIMEK, PAL		1.2 NAME	CLIMEK, PRUL 1257 N.W. 157 AVENUE 1300 ACTON, FL 33431		
STREET ADDRES S	20968 VERANO WY		1.3 STREET ADDRESS	257 WILL 1ST AVENUE		
CITY-ST-ZIP	BOCA RATON FL 33433		1.4 CITY-ST-ZIP	30CA RATON FL 33431		
TITLE		☐ DELETE	2.1 TITLE		Change	☐ Addition
NAME			2 2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
			2.4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE		Change	Addition
			32 NAME		_ •	_
NAME						
STREET ADDRE: S			3.3 STREET ADDRESS			
CITY-ST-ZIP	ļ	□ pereze	3.4. CITY-ST-ZIP		☐ Change	Addition
TITLE		☐ DELETE	4 1 TITLE			C) Hookon
NAME			4 2 NAME			
STREET ADDRES S			4.3 STREET ADDRESS			
CITY-ST-ZIP			4 4 CITY-ST-ZIP			
TITLÉ		☐ DELETE	51 TITLE		Change	Addition Addition
NAME			5.2 NAME			
STREET ADDRESS			5 3 STREET ADDRESS			
CITY-ST-ZIP	1					
			5.4 CITY-ST-ZIP			
TITLE		☐ DELETE	5.4 CITY-ST-ZIP 6 1 TITLE		Change	Addition
TITLE NAME		☐ DELETE			☐ Change	Addition
		☐ DELETE	61TMLE		Change	Addition

CITY-ST-ZIP 14. I hereby certify that the information supplied with this filing does not gualify 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 employeed 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 oddress with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: