2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)** 

## Apr 23, 2004 8:00 am Secretary of State **DOCUMENT # P00000084459** 1. Entity Name 04-23-2004 90267 043 \*\*\*150.00 ISO MERCHANT SERVICES, INC. Principal Place of Business Mailing Address 1801 W. ATLANTIC AVENUE 1801 W. ATLANTIC AVENUE 94063205 SUITE B3 DELRAY BEACH FL 33444 **DELRAY BEACH FL 33444** 2. Principal Place of Business 3. Mailing Address Suite, Apt. #, etc. Suite, Apt. #, etc. MOORE CR2E034 (11/03) Applied For 4. FEI Number City & State City & State 65-1038283 Not Applicable Zip Country Zip Country \$8.75 Additional 5. Certificate of Status Desired Fee Required 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent Name WERTHEIM, JAY B Street Address (P.O. Box Number is Not Acceptable) 1801 W. ATLANTIC AVENUE SUITE B3 **DELRAY BEACH FL 33444** Zip Code City FL 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent; or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent. SIGNATURE Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. 11. TITLE Change ☐ Addition TITLE ☐ Delete LOGNENSTEIN, HARVE WERTHEIM, JAY B NAME 6517 PONDAFFLE RD STREET ADDRESS STREET ADDRESS 14401 S. MILITARY TRAIL, APT. C-107 DELRAY BEACH FL 33484 CITY-ST-ZIP RATION FC CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME LOEWENSTEIN, HARVEY NAME 22461 ARCADIA COURT 6517 POND APPLE RD STREET ADDRESS STREET ADDRESS **BOCA RATON FL 33433** CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition TITLE TITLE ☐ Delete NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Chànge Addition ☐ Delete TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition Delete TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP 12. 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 report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

BWERTHEIM

SIGNATURE

FILED