

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 10, 1999 8:00 am
Secretary of State

06-10-1999 90023 035 ***550.00

DOCUMENT # P92000000017

1. Corporation Name

PAYMENT SYSTEMS, INC.



Principal Place of Business

3030 N ROCKY PT DR W
STE 800
TAMPA FL 33607
US

Mailing Address

3030 N ROCKY PT DR W
STE 800
TAMPA FL 33607
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1992

4. FEI Number

59-3151030

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

RABB, HARRY H
3030 N. ROCKY PT DR W
STE 800
TAMPA FL 33607

81 Name

Cynthia M. Furr

82 Street Address (P.O. Box Number is Not Acceptable)

3030 N. Rocky Point Dr. W

83

Suite 800

84

City Tampa

FL

85

Zip Code 33607

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 607.0505, Florida Statutes.

SIGNATURE

Cynthia M. Furr, CEO

DATE

5/27/99

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

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D ☒ DELETE
NAME DECOTUS, ALLEN R
STREET ADDRESS 3030 N ROCKY PT DR W STE 800
CITY-ST-ZIP TAMPA FL

1.1 TITLE D, VP ☐ Change ☒ Addition
1.2 NAME Joseph Migliara
1.3 STREET ADDRESS 3030 N. Rocky Point Dr. W, St. 800
1.4 CITY-ST-ZIP Tampa, FL 33607

TITLE D ☐ DELETE
NAME LIPPNER, WILLIAM
STREET ADDRESS 3030 N ROCKY PT DR W STE 800
CITY-ST-ZIP TAMPA FL

2.1 TITLE D, VP ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

TITLE D ☐ DELETE
NAME HEALEY, PATRICK
STREET ADDRESS 3030 N ROCKY PT DR W STE 800
CITY-ST-ZIP TAMPA FL

3.1 TITLE D, T, VP ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE P ☐ Change ☒ Addition
4.2 NAME MARK Sieuwnight
4.3 STREET ADDRESS 3030 N. Rocky Point Dr. W, St 800
4.4 CITY-ST-ZIP Tampa FL 33607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE VP ☐ Change ☒ Addition
5.2 NAME Cynthia Furr
5.3 STREET ADDRESS 3030 N. Rocky Point Dr. W, St 800
5.4 CITY-ST-ZIP Tampa, FL 33607

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE VP ☐ Change ☒ Addition
6.2 NAME Dave Gorman
6.3 STREET ADDRESS 3030 N. Rocky Point Dr W, St 800
6.4 CITY-ST-ZIP Tampa, FL 33607

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(8)(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, with all other like empowered.

SIGNATURE:

Cynthia M. Furr

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/27/99

Date

813-281-2774

Daytime Phone #

CR2E034 (11/98)