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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



ELORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000027827 (3)

PAYROLL TRANSFERS FLORIDA. INC.

3710 CORPOREX PARK DRIVE, SUITE 300 3710 CORPOREX PARK DRIVE. SUITE 300 TAMPA FL 33619-1160 **TAMPA FL 33619** 3. Date Incorporated or Qualified 3a. Date of Last Report 04/14/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3176621 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Trust Fund Contribution 23 Added to Fees 28 Zıu Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes No 30 Florida Statutes 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name -SCHACHTER: DAVID R lichae 2710 CORPOREX PARK DRIVE: SUITE 300 82 Street Ac TAMPA FL 83619 83 City AMPA 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 properties of the provision of the purpose of changing its registered agent. I am familiar with an appointment as registered agent. I am familiar with an appointment as registered agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of the purpose of changing its registered agent. I am familiar with a provision of the purpose of the purpose of changing its registered agent. I am familiar with a provision of the purpose Paes SIGNATURE anie of registerod of and tile if ap 12. OFFICERS AND DIRECTS 13 ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 Addition DELETE Change THLE 1.1 TITLE MOORE, HICHAEL M MOORE, M. MARC NAME 1.2 NAME 3710 CORPOREX PAIK **48 BAHAMA CIRCLE** 1.3 STREET ADORESS STREET ADDRESS DAVIS ISLAND FL 33006 TAMPA, FL 33619 CHY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE BERNSTEIN, BEADFORD 3710 COEPOREX PARK DE# klinghopper, Melvin--2.2 NAME NAME 300 4604-OLARKSDALE TANE 2.3 STREET ADDRESS STREET ADORESS BRANDON FL 33511 TAMPA, FL 33619 2. 4 CITY - ST - ZIP City - \$1 - ZiF DELETE Change Addition TITLE 3.1 TITLE DOCTOROFF, DANIEL 3410 CORPOREX PARK DR# **DUPRE, IRVING** 3.2 NAME NAME 2706 HERNDON STREET 3.3 STREET ADDRESS STREET ADORESS VALRICO FL 33594 TAMPA, FL 33619 3.4. CITY-ST-ZIP CITY-ST-7iP DELETE Addition 18 4.1 TITLE 100 KWAIT, BrIAN 3710 CORPOREX PARK DR # 300 SCHACHTER, DAVID R-4, 2 NAME 400 KING STREET STREET ADDRESS 4.3 STREET ADDRESS CHAPPAQUA NY 10514 TAMPA, FL 33619

6.4 CITY-ST-ZIP 14. I do 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 Pilis 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

4.4 CITY - ST - ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

PARTICELLI, MARC

MIZEL ADAM

TAMPA, FL

TANPA, FL 33619

3710 COEPOREX PARK DE# 300

3710 CORPOREX PARK DE # 300

33619

51 TITLE

52 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

SIGNATURE:

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STREET ADDRESS

CHTY - ST - ZIP

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NAME

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NAME STREET ADDRESS

FILED

Apr 01 1997 8:00am

Secretary of State

Change Addition

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Addition