

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
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90191 037 ***150.00

DOCUMENT # P93000027827

1. Corporation Name

PAYROLL TRANSFERS FLORIDA, INC.

Principal Place of Business

3710 CORPOREX PARK DRIVE, SUITE 300
TAMPA FL 33619

Mailing Address

3710 CORPOREX PARK DRIVE, SUITE 300
TAMPA FL 33619

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/14/1993

4. FEI Number

59-3176621

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

MOORE, MICHAEL M
3710 CORPOREX PARK DR
STE #300
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PCEO	<input checked="" type="checkbox"/> DELETE
NAME	MOORE, MICHAEL M	
STREET ADDRESS	3710 CORPOREX PARK DR, #300	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BERNSTEIN, BRADFORD	
STREET ADDRESS	3710 CORPOREX PARK DR, #300	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	DOCTOROFF, DANIEL	
STREET ADDRESS	3710 CORPOREX PARK DR, #300	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	KWAIT, BRIAN	
STREET ADDRESS	3710 CORPOREX PARK DR, #300	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PARTICELLI, MARC	
STREET ADDRESS	3710 CORPOREX PARK DR #300	
CITY-ST-ZIP	TAMPA FL 33619	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	MIZEL, ADAM	
STREET ADDRESS	3710 CORPOREX PARK DR #300	
CITY-ST-ZIP	TAMPA FL 33619	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	CHAIRMAN	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	THOMAS C. WAINWRIGHT	
1.3 STREET ADDRESS	3710 CORPOREX PARK DR STE 300	
1.4 CITY-ST-ZIP	TAMPA, FL 33619	
2.1 TITLE	CFO	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	THOMAS S. TAYLOR	
2.3 STREET ADDRESS	3710 CORPOREX PARK DR STE 300	
2.4 CITY-ST-ZIP	TAMPA, FL 33619	
3.1 TITLE	DIRECTOR	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	STEVE A. ROSENTHAL	
3.3 STREET ADDRESS	ASPEN CORPORATE PARK 1	
3.4 CITY-ST-ZIP	1480 ROUTE 9 NORTH WOODBRIDGE, NJ 07095	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. 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 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:

SIGNATURE REO/THOMAS S. TAYLOR 428-99 (813) 261-9300
DATE DAYTIME PHONE #

CR2E034 (11/98)

0395460