FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED
95 MAY -1 AM 8:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000031829 (3)

1. Corporate Name

CREDIT ACCOUNT TRANSACTION SYSTEM, INC.

Principal Place of Business	Mailing Address
4300 UNIVERSITY STE. B203 LAUDERHILL FL 33351 US	4300 UNIVERSITY STE. B203 LAUDERHILL FL 33351 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/03/1993
3a. Date of Last Report: 07/19/1994
4. FEI Number: 65-0406435 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes. ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

9. Name and Address of Current Registered Agent

LARRY J BEHAR PA
888 SE THIRD AVE
SUITE 400
FT LAUDERDALE FL 33316

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CP	TITLE	☐ Change ☐ Addition
NAME	PIETTE, RAYMOND	NAME	
STREET ADDRESS	4426 NW 64 AVE.	STREET ADDRESS	
CITY-ST-ZIP	LAUDERHILL FL	CITY-ST-ZIP	
TITLE	SD	TITLE	S D ☒ Change ☐ Addition
NAME	BROSSARD, MICHAEL	NAME	BROSSARD, MICHAEL
STREET ADDRESS	4545 N. UNIVERSITY #426	STREET ADDRESS	9711 N.W. 52ND PL.
CITY-ST-ZIP	LAUDERHILL FL	CITY-ST-ZIP	CORAL SPRINGS, FL 33076
TITLE	D	TITLE	☐ Change ☐ Addition
NAME	YAGODA, JOEL	NAME	
STREET ADDRESS	4318 CARAMBOLA CIR., N.	STREET ADDRESS	
CITY-ST-ZIP	COCONUT CREEK FL	CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	☐ Change ☐ Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and 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.

SIGNATURE: Raymond Piette Pres. 4-28-95

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — DATE — Daytime Phone #

RAYMOND PIETTE PRESIDENT

0239667 CP