

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

FILED
Mar 02, 1999 8:00 am
Secretary of State

03-02-1999 90133 032 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

DOCUMENT # P93000067172

1. Corporation Name
DEBIT CARD, INC.



Principal Place of Business
**888 S. ANDRAWS AVE
SUITE 205
FT. LAUDERDALE FL 33316
US**

Mailing Address
**P.O. BOX 5742
FT. LAUDERDALE FL 33310
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1993

4. FEI Number

65-0450475

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 **5733 N. ANDRAWS WAY**
Suite, Apt. #, etc.

26 **5733 N ANDRAWS WAY**
Suite, Apt. #, etc.

22 **FT. LAUDERDALE, FL.**

27
City & State
28 **FT. LAUDERDALE FL**

23
City & State

24 **33309** Zip Country
25 **USA**

29 **33309** Zip Country
30 **USA**

9. Name and Address of Current Registered Agent

**COGEN, GREG
888 S. ANDRAWS AVE
SUITE 205
FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name **COGEN, GREG**
82 Street Address (P.O. Box Number is Not Acceptable)
5733 N ANDRAWS WAY

83
84 City **FT. LAUDERDALE** FL 85 Zip Code
33309

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 | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|-------------|-----------------------------|------------------------|--------------------------|
| D | COGEN, GREG | 5819 N ANDRAWS WAY | FT. LAUDERDALE FL | <input type="checkbox"/> |
| D | COGEN, NORM | 888 S ANDRAWS AVE SUITE 205 | FT LAUDERDALE FL 33316 | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|------------|--------------------|------------------|-------------------------------------|--------------------------|
| D | COGEN GREG | 5733 N ANDRAWS WAY | FT LAUD FL 33309 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| D | COGEN NORM | 5733 N ANDRAWS WAY | FT LAUD FL 33309 | <input checked="" type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/98)