


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

FILED
May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morthahn Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P94000016667 1. Corporation Name ATM SCRIPTO CASH SYSTEMS, INC.			
Principal Place of Business 7 BERMUDA LAKE DRIVE PALM BEACH GARDENS, FL 33418		Mailing Address 7 BERMUDA LAKE DRIVE PALM BEACH GARDENS, FL 33418	
2. Principal Place of Business 21 7 BERMUDA LAKE DRIVE Suite, Apt. # etc.		2a. Mailing Address 26 7 BERMUDA LAKE DRIVE Suite, Apt. # etc.	
22 City & State PALM BEACH GARDENS		27 City & State PALM BEACH GARDENS	
23 Zip 33418		24 Country USA	
25 Country USA		26 Zip 33418	
27 State FL		28 Country USA	
29 State FL		30 Zip 33418	
3. Date Incorporated or Qualified 3/2/94		3a. Date of Last Report 1996	
4. FEI Number 65-0478775		Applied For <input type="checkbox"/> Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent LAW FIRM OF LAWRENCE J. SPIEGEL 343 ALMERIA AVENUE CORAL GABLES, FL 33134		10. Name and Address of New Registered Agent 81 Name AARON KAUFMAN 82 Street Address (P.O. Box Number is Not Acceptable) 7 BERMUDA LAKE DRIVE 83 City PALM BEACH GARDENS FL 85 Zip Code 33418	
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: AARON KAUFMAN <i>Aaron Kaufman</i> DATE: 4/28/97 <small>(NOTE: Registered Agent signature required when reinstating)</small>			
12. OFFICERS AND DIRECTORS 1.1 TITLE PRESIDENT <input type="checkbox"/> DELETE 1.2 NAME AARON KAUFMAN 1.3 STREET ADDRESS 7 BERMUDA LAKE DRIVE 1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 2.1 TITLE V.P., SECY. <input type="checkbox"/> DELETE 2.2 NAME EDITH KAUFMAN 2.3 STREET ADDRESS 7 BERMUDA LAKE DRIVE 2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418 3.1 TITLE <input type="checkbox"/> DELETE 3.2 NAME <input type="checkbox"/> DELETE 3.3 STREET ADDRESS <input type="checkbox"/> DELETE 3.4 CITY-ST-ZIP <input type="checkbox"/> DELETE 4.1 TITLE <input type="checkbox"/> DELETE 4.2 NAME <input type="checkbox"/> DELETE 4.3 STREET ADDRESS <input type="checkbox"/> DELETE 4.4 CITY-ST-ZIP <input type="checkbox"/> DELETE 5.1 TITLE <input type="checkbox"/> DELETE 5.2 NAME <input type="checkbox"/> DELETE 5.3 STREET ADDRESS <input type="checkbox"/> DELETE 5.4 CITY-ST-ZIP <input type="checkbox"/> DELETE 6.1 TITLE <input type="checkbox"/> DELETE 6.2 NAME <input type="checkbox"/> DELETE 6.3 STREET ADDRESS <input type="checkbox"/> DELETE 6.4 CITY-ST-ZIP <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 700002183507 -05/19/97--01122--041 ***165.00	
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 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: AARON KAUFMAN <i>Aaron Kaufman</i> DATE: 4/28/97 (SB) 65-0777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (9/96)