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

PROFIT CORPORATION ANNUAL REPORT

1998

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
98 July 1 AM 10:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000016667

1. Corporation Name
ATM SCRIP TO CASH SYSTEMS, INC.

Principal Place of Business
7 BERMUDA LAKE DR.
PALM BEACH GARDENS
FLORIDA, 33418

Mailing Address
SAME

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 3/2/94

2. Principal Place of Business
21 7 BERMUDA LAKE DR.
22 Suite, Apt. #, etc
23 City & State: PALM BEACH GARDENS, FL
24 Zip: 33418 25 Country: USA

2a. Mailing Address
26 SAME
27 Suite, Apt. #, etc
28 City & State
29 Zip 30 Country

4. FEI Number: 65-0478775 ☐ 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~~ has paid the current year Intangible Personal Property Tax due June 30. ☑ Yes ☐ No

9. Name and Address of Current Registered Agent
AARON KAUFMAN
7 BERMUDA LAKE DRIVE
PALM BEACH GARDENS, FL 33418

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 DR.
83
84 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 (Signature, typed or printed name of registered agent and date, if applicable) (NOTE: Registered Agent signature required when reinstating) DATE: 6-29-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PRESIDENT AARON KAUFMAN 7 BERMUDA LAKE DRIVE PALM BEACH GARDENS, FL. 33418	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	V.P., SEC'Y. EDITH KAUFMAN 7 BERMUDA LAKE DR. PALM BEACH GARDENS, FL. 33418	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition -07/01/98--01103--003 ****150.00 ****150.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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.

SIGNATURE: AARON KAUFMAN AARON KAUFMAN 6/29/98 (561)-625-0777
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)