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

FILED Feb 17 1998 8:00am **PROFIT** LLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 P94000035269 (7) DOCUMENT # MERCHANT SUPPORT SERVICES ASSOCIATION, INC. Principal Place of Business Mailing Address 6701 SUNSET DRIVE 6701 SUNSET DRIVE SHITE 100 SUITE 100 DO NOT WRITE IN THIS SPACE MIAMI FL 33143 **MIAMI FL 33143** 3. Date Incorporated or Qualified 05/10/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 2650 2650 65-0586298 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State 6. Election Campaign Financing \$5.00 May Be Honula Trust Fund Contribution Added to Fees 23 28 8. This corporation owes or has paid the current year Intangible Yes Personal Property Tax due June 30. g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name WAYNER, STEPHEN A ESO. STRINKEN & 6701 SUNSET DRIVE Street Address (P.O. Box Number is Not A 82 STE. 100 83 MIAMI FL 33143-4529 84 Zip Code 3313 o a most 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 Dougla Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam lamiliar with and accept the objections of Section 607 0405, Florida Statutes. (NOTE B gisteren Agent signaturi, required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 ICLES AND DIRECTORS 12. 13. Change 🔲 DELETË $\Delta^+ \Delta$ Addition TITLE 1 1 TITLE STOPHIN A. WAYNEN WAYNER, STEPHEN A 1 2 NAME NAME 2650 BISCAYNZ BLUG. 6701 SUNSET DR. #100 STREET ADDRESS 13 STREET ADDRESS **MIAMI FL 33143** *ዓ*3 ነታባ CITY-ST-7IP 14 CITY - ST - ZIP Change **LILLETE** TITLE 2.1.7ITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CITY - ST-ZIP DETETE Change Addition TITLE 3 1 1111.6 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 34 CITY-ST-ZIP CITY-ST-7/P OLLETE Change Addition 4.1 101LF 4 2 NAME

Thereby certify that the information supplied with this fond does not qualify for the exemption stated in Section 119 07(3)(i), Florida Statutos. I further certify that the information indicated on this arrived report or suppliere stall arrived report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the corporation or the reserver 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

6 4 CITY - ST - ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

4.4 CITY - ST - ZIP

51 TITLE

5.2 NAME

6 I TITLE

6.2 NAME 6.3 STREET ADDRESS

DEFFE

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY - S1 - ZIP

CITY-ST ZIP TITLE

CITY-ST-ZIP

TITLE

NAME

NAME

Change

Change

Addition

Addition