FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

AND FILED

'95 MAY -1 AM 8:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995

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

DOCUMENT # P94000057572 (7)

1. Corporate Name
IN CARDZ, INC.

Principal Place of Business
10097 CLEARY BLVD
SUITE 341
FT LAUDERDALE FL 33324

Mailing Address
10097 CLEARY BLVD
SUITE 341
FT LAUDERDALE FL 33324

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 08/03/1994
3a. Date of Last Report: NA

21 Principal Place of Business
22 Suite, Apt. #, etc.
23 City & State
24 Zip Code

26 Mailing Address
27 Suite, Apt. #, etc.
28 City & State
25 / 29 / 30 Zip Code

4. FEI Number: 65-051-0979
Applied For
Not Applicable

5. Certificate of Status Desired: X — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: ☐ — $5.00 May Be Added to Fees

8. This corporation has been / will be audited by the Auditor General pursuant to Section 11.45, Florida Statutes: ☐ Yes X No

9. Name and Address of Current Registered Agent

FINE, STEVEN
4901 NW 17TH WAY
SUITE 406
FT LAUDERDALE FL 33309

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S)
(If changing Registered Agent, New Registered Agent must sign above.) (If changing Registered Agent, previous Registered Agent must sign above.) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
51 TITLE	D	51 TITLE	☐ Change ☐ Addition
52 NAME	WHITE, DOUG	52 NAME	
53 STREET ADDRESS	10097 CLEARY BLVD SUITE 341	53 STREET ADDRESS	
54 CITY-ST-ZIP	FT LAUDERDALE FL 33324	54 CITY-ST-ZIP	
55 TITLE		55 TITLE	☐ Change ☐ Addition
56 NAME		56 NAME	
57 STREET ADDRESS		57 STREET ADDRESS	
58 CITY-ST-ZIP		58 CITY-ST-ZIP	
59 TITLE		59 TITLE	☐ Change ☐ Addition
60 NAME		60 NAME	
61 STREET ADDRESS		61 STREET ADDRESS	
62 CITY-ST-ZIP		62 CITY-ST-ZIP	
63 TITLE		63 TITLE	☐ Change ☐ Addition
64 NAME		64 NAME	
65 STREET ADDRESS		65 STREET ADDRESS	
66 CITY-ST-ZIP		66 CITY-ST-ZIP	
67 TITLE		67 TITLE	☐ Change ☐ Addition
68 NAME		68 NAME	
69 STREET ADDRESS		69 STREET ADDRESS	
70 CITY-ST-ZIP		70 CITY-ST-ZIP	

14. I hereby 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 added by an attachment with an arrow.

SIGNATURE: Doug White 4/27/95 (305) 370-3684
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER — DATE — DAYTIME PHONE NUMBER

0233288 CP