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

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## 1998 DOCUMENT # P94000068184 (8) SMARTCARD SOLUTIONS, INC.

## **FILED** Jan 28 1998 8:00am Secretary of State



Principal Place of Business Mailing Address 4101 SW 73RD AVE. 4101 SW 73RD AVE. MIAMI FL 33155 MIAMI FL 33155 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 09/13/1994 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 21 65-0521345 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional П 5. Certificate of Status Desired 27 Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country Zic 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. ☐ Yes □ No 24 25 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent PULVER, GERALD E. 4101 SW 73RD AVE Street Address (P.O. Box Number is Not Acceptable) MIAMI FL 33155 83 84 City Zip Code 85 Pursuant to the provisions of Sections 607.0502 office or registered agent, of both, in the State of agent. I am familiar with, avid accept the obligat Torida Statutes, the above-named corporation submits this statement for the purpose of changing its registered Such charge was authorized by the corporation's board of directors. I hereby accept the appointment as registered ection 607.0505, Florida Statutes. **SIGNATURE** Signature, typed or s 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE 1.1 TITLE TITLE Change Addition NAME PULVER, GERALD E 1.2 NAME **CR2E034** 4101 SW 73RD AVE. STREET ADDRESS 1.3 STREET ADDRESS MIAMI FL CITY-\$T-ZIP 1.4 CiTY - ST-ZIP DELETE Change Addition 2.1 TITLE TITLE SYLVESTER, KATHLEEN 2.2 NAME NAME STREET ADDRESS 4101 SW 73RD AVE 2.3 STREET ADDRESS MIAMI FL 33155 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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 chapters, or on an attachment with an address.

SIGNATURE:

CITY - ST - ZIF

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