

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

FILED
May 01 1996 8:00 am
Secretary of State

DOCUMENT # P94000078990 (6)

1. Corporation Name

MERCHANT ACCOUNT SERVICES, INC.



Principal Place of Business

3050 BISCAYNE BLVD SUITE 700
MIAMI FL 33137

Mailing Address

3050 BISCAYNE BLVD SUITE 700
MIAMI FL 33137

3. Date Incorporated or Qualified
10/26/1994

3a. Date of Last Report
10/03/1995

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

4. FEI Number

65-0529570

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

~~OWAGHTEN, JUAN T~~
~~2005 S DAYSHORE DR~~
~~SUITE 1100~~
~~MIAMI FL~~

81 Name

David E. Marko, Esq.

82 Street Address (P.O. Box Number is Not Acceptable)

One Biscayne Tower, Suite 2600

83

2 S Biscayne Blvd

84 City

Miami

FL

85 Zip Code

33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reissuing)

DATE

4/29/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P	DELETE
NAME	MCDONALD, MATTHEW	
STREET ADDRESS	3050 BISCAYNE BLVD SUITE 701	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE	S	DELETE
NAME	TIFFANY, SUSAN	
STREET ADDRESS	3050 BISCAYNE BLVD SUITE 701	
CITY-ST-ZIP	MIAMI FL 33137	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

1.1 TITLE	P	Change	Addition
1.2 NAME	Eby, Dale		
1.3 STREET ADDRESS	3050 Biscayne Blvd #700		
1.4 CITY-ST-ZIP	Miami, FL 33137		
2.1 TITLE	S/T	Change	Addition
2.2 NAME	Fisher, Jann		
2.3 STREET ADDRESS	3050 Biscayne Blvd #700		
2.4 CITY-ST-ZIP	Miami, FL 33137		
3.1 TITLE		Change	Addition
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		Change	Addition
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE	100001836321	Change	Addition
5.2 NAME	-05/23/96--01016--028		
5.3 STREET ADDRESS	***200.00		
5.4 CITY-ST-ZIP			
6.1 TITLE		Change	Addition
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY-ST-ZIP			

14. I do 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)(k), 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:

Jann L. Fisher

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4.29.96

Date

305/513-2900

Daytime Phone #

CR2E034 (12/95)