

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

pg. 1

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000090534 (6)

1. Corporation Name  
DEBIT STREAM U.S.A., INC.

Principal Place of Business

5700 MEMORIAL HWY  
SUITE 202  
TAMPA FL 33615  
US

Mailing Address

5700 MEMORIAL HWY  
SUITE 202  
TAMPA FL 33615  
US

FILED

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 5700 Memorial Hwy

Suite, Apt., etc.  
# 213

22 City & State  
Tamp Fla.

23 Zip  
33615

Country  
USA

2a. Mailing Address

26 Suite, Apt., etc.  
Same

27 City & State  
Same

28 Zip  
Same

Country  
Same

3. Date Incorporated or Qualified

12/12/1994

3a. Date of Last Report

08/13/1996

4. FEI Number

59-3285357

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

PORFIRIO, LISON  
5700 MEMORIAL HWY SUITE 205  
TAMPA FL 33615

10. Name and Address of New Registered Agent

81 Name

Lison Porfirio

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

5700 Memorial Hwy

83 Suite, Apt., etc.

#213

84 City

Tamp

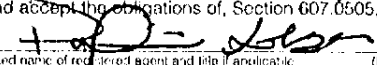
FL

85 Zip Code

33615

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 reinstating)

7/25/97  
DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME  
D ABBENZELLER, ROBERT H  
STREET ADDRESS  
5700 MEMORIAL HWY SUITE 205  
CITY-ST-ZIP  
TAMPA FL 33615

TITLE ☐ DELETE

NAME  
D LISON, PORFIRIO  
STREET ADDRESS  
5700 MEMORIAL HWY., STE. 205  
CITY-ST-ZIP  
TAMPA FL 33615

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

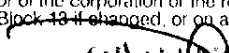
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\*\*\*\*165.00 \*\*\*\*165.00

14. I do 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





CR2E034 (4/97)

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Div. Of Revenue  
Attn: Annual Reports Dept.  
P.O. Box 6327  
Tallahassee, Fl. 32314

Dear Sirs:

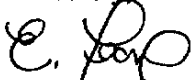
Enclosed please find a replacement check for the amount of \$165.00. This check has been sent to you to replace a check # 1701 Dated 5/23/97 previously sent on 5/25/97, for the filling of Annual Report.

I spoke with Ms. Caroll Anderson, and explained to that I had received a 2<sup>nd</sup> notice for the filing and paying of fees for the Annual Report, and indicated to her that I had previously sent a check to pay for this. Upon research, I found that this check was not yet cashed at our bank, and she indicated that your office was extremely backed-up, and that it is probably lost in your office at least at this time.

Ms. Anderson said that I should re-send another check, along with a letter explaining these facts. I will be stoping payment on the previously mentioned check, as I know that it would further confuse the situation if you office were to cash both by mistake.

I appreciate your being able to straighten this matter up, and properly apply this payment for the fees due. If you should have any questions, or if I may be of any assistance, please do not hesitate to contact me.

Sincerely,



Ed Leon  
Reg. Mgr.