SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT **1995**

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

FILED
95 AUG -8 AM 10:
SECRETARY OF ST[illegible]
TALLAHASSEE FLOR[illegible]

DOCUMENT # P94000093122 (7)

1. Corporation Name
PAYSTUBS, INC.

Principal Place of Business	Mailing Address
5700 LAKE WORTH RD. 209 GREENACRES FL 33463	5700 LAKE WORTH RD. 209 GREENACRES FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1994
3a. Date of Last Report:
4. FEI Number: 65-0548686 ☐ Applied For ☐ Not Applicable

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / County 25	Zip 29 / County 30

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. [illegible] ☐ **$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

PRESSON, STEVE
5700 LAKE WORTH RD, 209
GREENACRES FL 33463

10. Name and Address of New Registered Agent

81 Name: MICHAEL GRAHAM
82 Street Address (P.O. Box Number is Not Acceptable): 5700 LAKE WORTH RD. #208
83
84 City: GREENACRES **FL** 85 Zip Code: 33463

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] 6/16/95
DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

	Title	Name	Street Address	City-St-Zip	
1	PRES	MICHAEL GRAHAM	5700 LAKE WORTH RD #208	GREENACRES, FL 33463	☒ Change ☐ Addition
2					☐ Change ☐ Addition
3					☐ Change ☐ Addition
4					☐ Change ☐ Addition
5					☐ Change ☐ Addition
6					☐ Change ☐ Addition

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: [signature] 6/16/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/95)

0005594 CP