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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P94000093839 (6)**

1. Corporation Name
PAYROLL TRANSFERS MANAGEMENT, INC.

Principal Place of Business
3710 CORPOREX PARK DR
SUITE 300
TAMPA FL 33619

Mailing Address
3710 CORPOREX PARK DR
SUITE 300
TAMPA FL 33619-1160

3. Date Incorporated or Qualified: 12/29/1994
3a. Date of Last Report: 02/26/1996

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

4. FEI Number: 59-3286324 — 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
~~SCHACHTER, DAVID R~~
~~3710 CORPOREX PARK DR~~
~~SUITE 300~~
~~TAMPA FL 33619~~

10. Name and Address of New Registered Agent
81 Name: Michael M. Moore
82 Street Address (P.O. Box Number is Not Acceptable): 3710 Corporex Park Dr Ste 300
83
84 City: Tampa FL 85 Zip Code: 33619

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: Michael M. Moore, Pres — Michael M. Moore, Pres — 1-25-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	~~DSC~~	☐ DELETE
NAME	~~KLINGHOFFER, MELVIN~~	
STREET ADDRESS	~~3710 CORPOREX PARK DR #300~~	
CITY-ST-ZIP	~~TAMPA FL 33619~~	
TITLE	~~DP~~	☐ DELETE
NAME	~~MOORE, M. MARC~~	
STREET ADDRESS	~~3710 CORPOREX PARK DR #300~~	
CITY-ST-ZIP	~~TAMPA FL 33619~~	
TITLE	~~D~~	☐ DELETE
NAME	~~DUPRE, IRVING~~	
STREET ADDRESS	~~3710 CORPOREX PARK DR #300~~	
CITY-ST-ZIP	~~TAMPA FL 33619~~	
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	PCEO	☐ Change ☐ Addition
1.2 NAME	MOORE, MICHAEL M	
1.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300	
1.4 CITY-ST-ZIP	TAMPA, FL 33619	
2.1 TITLE	D	☐ Change ☐ Addition
2.2 NAME	BERNSTEIN, BRADFORD	
2.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300	
2.4 CITY-ST-ZIP	TAMPA, FL 33619	
3.1 TITLE	D	☐ Change ☐ Addition
3.2 NAME	DOCTOROFF, DANIEL	
3.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300	
3.4 CITY-ST-ZIP	TAMPA, FL 33619	
4.1 TITLE	D	☐ Change ☐ Addition
4.2 NAME	KWAIT, BRIAN	
4.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300	
4.4 CITY-ST-ZIP	TAMPA, FL 33619	
5.1 TITLE	D	☐ Change ☐ Addition
5.2 NAME	PARTICELLI, MARC	
5.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300	
5.4 CITY-ST-ZIP	TAMPA, FL 33619	
6.1 TITLE	D	☐ Change ☐ Addition
6.2 NAME	MIZEL, ADAM	
6.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300	
6.4 CITY-ST-ZIP	TAMPA, FL 33619	

CR2E034 (9/96)

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: Michael M. Moore — Michael M. Moore — 1-25-97 — (813)664-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #