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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	Mailing Address
3710 CORPOREX PARK DR SUITE 300 TAMPA FL 33619	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): Suite, Apt. #, etc. (22): City & State (23): Zip (24) / Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): 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: 33614

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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	~~DSC~~ ☐ DELETE	1.1 TITLE	PCEO ☐ Change ☐ Addition
NAME	~~KLINGHOFFER, MELVIN~~	1.2 NAME	MOORE, MICHAEL M
STREET ADDRESS	~~3710 CORPOREX PARK DR #300~~	1.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300
CITY-ST-ZIP	~~TAMPA FL 33619~~	1.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	~~DP~~ ☐ DELETE	2.1 TITLE	D ☐ Change ☐ Addition
NAME	~~MOORE, M. MARC~~	2.2 NAME	BERNSTEIN, BRADFORD
STREET ADDRESS	~~3710 CORPOREX PARK DR #300~~	2.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300
CITY-ST-ZIP	~~TAMPA FL 33619~~	2.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	~~D~~ ☐ DELETE	3.1 TITLE	D ☐ Change ☐ Addition
NAME	~~DUPRE, IRVING~~	3.2 NAME	DOCTOROFF, DANIEL
STREET ADDRESS	~~3710 CORPOREX PARK DR #300~~	3.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300
CITY-ST-ZIP	~~TAMPA FL 33619~~	3.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	☐ DELETE	4.1 TITLE	D ☐ Change ☐ Addition
NAME		4.2 NAME	KWAIT, BRIAN
STREET ADDRESS		4.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300
CITY-ST-ZIP		4.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	☐ DELETE	5.1 TITLE	D ☐ Change ☐ Addition
NAME		5.2 NAME	PARTICELLI, MARC
STREET ADDRESS		5.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300
CITY-ST-ZIP		5.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	☐ DELETE	6.1 TITLE	D ☐ Change ☐ Addition
NAME		6.2 NAME	MIZEL, ADAM
STREET ADDRESS		6.3 STREET ADDRESS	3710 CORPOREX PARK DR # 300
CITY-ST-ZIP		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: [signature] Michael M. Moore 1-25-97 (813)664-0404
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #