

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90191 036 ***150.00

03945903

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P94000093839

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/29/1994	
21		26		4. FEI Number 59-3286324	Applied For Not Applicable
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Zip	25 Country	29 Zip	30 Country	8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

MOORE, MICHAEL M
3710 CORPOREX PARK DRIVE
SUITE #300
TAMPA FL 33619

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL 85 Zip Code

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)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PCEO <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Chairman <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MOORE, MICHAEL M	1.2 NAME	THOMAS C. WATNERT
STREET ADDRESS	3710 CORPOREX PARK DR, #300	1.3 STREET ADDRESS	3710 CORPOREX PARK DR, STE 300
CITY-ST-ZIP	TAMPA FL 33619	1.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE	CFD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	BERNSTEIN, BRADFORD	2.2 NAME	THOMAS B. TAYLOR
STREET ADDRESS	3710 CORPOREX PARK DR, #300	2.3 STREET ADDRESS	3710 CORPOREX PARK DR, STE 300
CITY-ST-ZIP	TAMPA FL 33619	2.4 CITY-ST-ZIP	TAMPA, FL 33619
TITLE	D <input checked="" type="checkbox"/> DELETE	3.1 TITLE	DIRECTOR <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DOCTOROFF, DANIEL	3.2 NAME	STEVE A. ROSSIGNAL
STREET ADDRESS	3710 CORPOREX PARK DR, #300	3.3 STREET ADDRESS	ASPEN CORPORATE PARK 2
CITY-ST-ZIP	TAMPA FL 33619	3.4 CITY-ST-ZIP	1480 ROUTE 9 NORTH
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	WOODBRIDGE, NJ 07095 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KWAIT, BRIAN	4.2 NAME	
STREET ADDRESS	3710 CORPOREX PARK DR, #300	4.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	4.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PARTICELLI, MARC	5.2 NAME	
STREET ADDRESS	3710 CORPOREX PARK DR #300	5.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIZEL, ADAM	6.2 NAME	
STREET ADDRESS	3710 CORPOREX PARK DR #300	6.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33619	6.4 CITY-ST-ZIP	

14. I 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, with all other like empowered.

SIGNATURE: *Thomas B. Taylor* 4-28-99 (813) 261-9300
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)