FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000008163 (4)**

1. Corporation Name

PRO PAY, INC.

Principal Place of Business	Mailing Address
KIMMEN EXECUTIVE SUITES 6070 N. FEDERAL HIGHWAY BOCA RATON FL 33487	KIMMEN EXECUTIVE SUITES 6070 N. FEDERAL HIGHWAY BOCA RATON FL 33487

3. Date Incorporated or Qualified: 01/26/1995
3a. Date of Last Report:

2. Principal Place of Business
21: 5918 Golden Eagle Circle
22: Suite, Apt. #, etc
23: Palm Beach Gardens, FL
24: Zip 33418
25: Country Palm Beach

2a. Mailing Address
26: 5918 Golden Eagle Circle
27: Suite, Apt. #, etc
28: Palm Beach Gardens, FL
29: Zip 33418
30: Country Palm Beach

4. FEI Number: 65-0555721 ☐ 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

FOSTER, DIANNE R
1891 DISCOVERY WAY
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81 Name: Dianne R. Foster
82 Street Address (P.O. Box Number is Not Acceptable): 5918 Golden Eagle Circle
83:
84 City: Palm Beach Gardens, FL 85 Zip Code: 33418

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: Dianne R. Foster — Dianne R. Foster, President — 8/1/96
(Signature typed or printed name of registered agent and title if agent is a corporation) (Registered Agent Signature Required) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	President Dianne R. Foster 1891 Discovery Way Pompano Beach, FL 33064 ☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	President Dianne R. Foster 5918 Golden Eagle Circle Palm Beach Gardens, FL 33418 ☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	400001931314 -08/23/96--01094--034 ***225.00 ☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

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)(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: Dianne R. Foster — Dianne R. Foster, Pres. — 8/1/96 — (561)624-5567
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)