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Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000038375 (8)

1. Corporation Name

AFFILIATED MERCHANT SERVICES, INC.

Principal Place of Business

15604 INDIAN QUEEN DRIVE
ODESSA FL 33556

Mailing Address

15604 INDIAN QUEEN DRIVE
ODESSA FL 33556-3011



3. Date Incorporated or Qualified
05/15/1995

3a. Date of Last Report
04/16/1996

2. Principal Place of Business

21 15581 SW 110th Ter

Suite, Apt. #, etc.

22

City & State

23 MIAMI FL

24 33196

Country

25 DADE

2a. Mailing Address

26 951 Desoto Rd

Suite, Apt. #, etc.

27 136

City & State

28 BOCA RATON FL

Zip

29 33432

Country

30 Palm Beach

4. FEI Number

65-0580883

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

9. Name and Address of Current Registered Agent

VOLLARO, LOUIS
15604 INDIAN QUEEN DRIVE
ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name LOUIS VOLLARO

82 Street Address (P.O. Box Number is Not Acceptable)

951 Desoto Rd #136

83

84 City BOCA RATON

FL

85 Zip Code 33432

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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, type or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, RAYMOND A
STREET ADDRESS 15581 S.W. 110TH TERRACE
CITY-ST-ZIP MIAMI FL 33196

TITLE D
NAME VOLLARO, LOUIS T
STREET ADDRESS 15604 INDIAN QUEEN DRIVE
CITY-ST-ZIP ODESSA FL 33556

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

LOUIS VOLLARO

2/21/97

305 387-3719

CR2E034 (9/96)