


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

FILED

Jan 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				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 15581 SW 110TH TERR MIAMI FL 33196 US			Mailing Address 951 DESOTO RD STE 136 BOCA RATON FL 33432 US		
2. Principal Place of Business 21 1515 S PEN Hwy Suite, Apt. #, etc. 22 B-3 City & State 23 BOCA RATON FL Zip 24 33432		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 3 Country 30		3. Date Incorporated or Qualified 05/15/1995 4. FEI Number 65-0580883 Applied For Not Applicable 5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent VOLLARO, LOUIS 951 DESOTO RD 136 BOCA RATON FL 33432			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: <i>[Signature]</i> DATE: 1-5-98 (NOTE: Registered Agent signature required when reinstating)					
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1 D VOLLARO, LOUIS T 951 DESOTO RD 136 BOCA RATON FL DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE TITLE NAME STREET ADDRESS CITY-ST-ZIP DELETE			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. TITLE 2. NAME 2. STREET ADDRESS 2. CITY-ST-ZIP 3. TITLE 3. NAME 3. STREET ADDRESS 3. CITY-ST-ZIP 4. TITLE 4. NAME 4. STREET ADDRESS 4. CITY-ST-ZIP 5. TITLE 5. NAME 5. STREET ADDRESS 5. CITY-ST-ZIP 6. TITLE 6. NAME 6. STREET ADDRESS 6. CITY-ST-ZIP Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition Change Addition		
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.					

SIGNATURE:

REQUIRED

1-5-98

861-391-7551

CR2E034 (10/97)