

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 # P95000056630 (3)

1. Corporation Name

DISPENS-A-CARD INTERNATIONAL, INC.



Principal Place of Business

2173 CHAMPIONS WAY
NORTH LAUDERDALE FL 33068

Mailing Address

2173 CHAMPIONS WAY
NORTH LAUDERDALE FL 33068

2. Principal Place of Business

21 4699 STATE ROAD #7

Suite, Apt. #, etc.

22 SUITE G

City & State

23 TAMARAC, FLORIDA

Zip

24 33321

Country

25 U.S.A.

2a. Mailing Address

26 4699 STATE ROAD #7

Suite, Apt. #, etc.

27 SUITE G

City & State

28 TAMARAC, FLORIDA

Zip

29 33321

Country

30 U.S.A.

3. Date Incorporated or Qualified

07/21/1995

3a. Date of Last Report

INITIAL REPORT

4. FEI Number

65-0595514

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

BRYN, MARK J
2 SOUTH BISCAYNE BLVD.
SUITE 3509
MIAMI FL 33131

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME ZAND, BRYAN I
STREET ADDRESS 2173 CHAMPIONS WAY
CITY-ST-ZIP N LAUDERDALE FL 33068

DELETE

TITLE STD
NAME LOURIM, STEVE
STREET ADDRESS 2173 CHAMPIONS WAY
CITY-ST-ZIP N LAUDERDALE FL 33068

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

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CITY-ST-ZIP

DELETE

TITLE
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STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE PD

2. NAME ZAND, BRYAN I

3. STREET ADDRESS 4699 STATE ROAD 7

4. CITY-ST-ZIP TAMARAC, FLORIDA 33321

5. TITLE STD

6. NAME LOURIM, STEVE

7. STREET ADDRESS 4699 STATE ROAD 7

8. CITY-ST-ZIP TAMARAC, FLORIDA 33321

9. TITLE

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

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)(k), 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:

BRYAN ZAND

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 28/96

954-714-9300

Date

Daytime Phone #

CR2E034 (12/95)