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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000065142 (8)

PAYLEEN CORP., INC.

Principal Place of Business Mailing Address 17216 MALAGA DRIVE 17215 MAI AGA DRIVE

## **FILED** May 01 1997 8:00am Secretary of State



FORT MYERS FL 33912		FORT MYERS FL 33912-2661					
					3. Date Incorporated or Qualified 08/22/1995	3a. Date of Last F 08/08/1996	Report
2. Principal P	Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number		pplied For
21		26			65-0607758	Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
Oity & Stat 23	le	City & State			Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zφ	Country Zip		Count	у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25	29	30			Yes 🔀 No	· · · · · · · · · · · · · · · · · · ·
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Reg	istered Agent	
	.ton, Paul A.		6	Name	·		
17215 MALAGA DRIVE				2 Street Add	reet Address (P.O. Box Number is Not Acceptable)		
FI.   	MYERS FL 33912		8	3			··· · · · · · · · · · · · · · · · · ·
			ļ			<del></del>	
			8	City		FL  85   Zip	Code
<b>11.</b> Pursuant office or ragent. La	to the provisions of Sections 607.0 registered agent, or both, in the Stram familiar with, and accept the ob-	502 and 607.1508, Florida 5 ate of Florida. Such change ligations of, Section 607.050	Statutes, the abo was authorized I 05, Florida Statut	ve-named corpora by the corpora es.	poration submits this statement for the pution's board of directors. I hereby accep	urpose of changing it the appointment as	ts registered registered
SIGNATURE	Signature typed or printed name of registered		(NOTE: Basistand A		lired when reinstating)	DATE	
12.		AND DIRECTORS	thore: nagistered A	Beut RiBustnis Ledo	ADDITIONS/CHANGES TO OFFIC		RS IN 12
THE	P	DELET		<del></del> -	7,0011010,077,11020 10 01170	Change	Addition
NAME	COLLINS, EILEEN K	<b></b>	1.2 NAM	. ]			
STREET ADDRESS	17215 MALAGA DRIVE			ET ADDRESS			
CITY-S1-ZIP	FORT MYERS FL 33912		1.4 CITY				
TITLE	ST	DELET				Change	Addition
NAME	DAULTON, PAUL A		2.2 NAM	:			
STREET ADORESS	17215 MALAGA DRIVE		2.3 STRE	E1 ADDRESS			
CHTY-ST-Z)P	FORT MYERS FL 33912		2. 4 CITY	- ST - ZIP		· 4.	
TITLE		DELET	E 3.1 TITLE			☐ Change	Addition
NAME			3.2 NAM	:			
STREET ADDRESS			3.3 STRE	ET ADDRESS			
CITY - 52 - 78P			3.4. CITY	-ST-ZIP			
TITLE		☐ DELET	E 4.1 TITLE			☐ Change	Addition
NAME			4. 2 NAM	E			
STREET ADDRESS			4.3 STRE	ET ADDRESS			
City-St-ZiP			4.4 CITY	·ST-ZIP			
TITLE		☐ DELET	E 5.1 TITE			☐ Change	Addition
NAME			5.2 NAM	E			
STREET ADDRESS			5.3 STRE	ET ADDRESS			
C/TY - S1 - 7/11*			5.4 CITY	·ST · ZIP			
THLE		☐ DELET	E 6.1 TITLE			☐ Change	Addition
NAME			6.2 NAM	E			
STREET ADDRESS			6.3 STRE	ET ADDRESS			
C(TY - S1 - 71P				- ST - ZIP			

14. I do hereby certify that the information supplied with this filling 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.