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

PROFIT CORPORATION ANNUAL REPORT

1997

CITY-ST-ZIF

STREET ADDRESS

TITLE

NAME



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 21 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P95000065340 (8)

MERCHANT SERVICES AND SYSEMS, INC.

|   |  |                   |                       |            |                |                                       |         |  |            | <b>a i e a</b> Piri <b>a</b> i e |               |
|---|--|-------------------|-----------------------|------------|----------------|---------------------------------------|---------|--|------------|----------------------------------|---------------|
| Principal Place of Business Mailing Address |  |                   |                       |            |                |                                       | ]       | 4 THE OFFICE FOR THEM IN HAVING MINING MARKET MARKET | DEHU DHUI  |                                  | 10 0039 1901  |
| 1421 TYLER STREET                           |  |                   | 1421 TYLER STREET     |            |                |                                       | 1       |  |            |                                  |               |
| HOLLYWOOD F                                 | FL <b>330</b> 20   | Ю                 | LLYWOOD FL 33020-52   | 248        |                |                                       |         |  |            |                                  |               |
| 4   |  |                   |                       |            |                |                                       | 3.      | Date Incorporated or Qualified                       | 3a. D.     | ate of Last F                    | Report        |
|   |  |                   |                       |            |                |                                       |         | 08/23/1995   | 04/        | 29/1996                          |               |
| 2. Principal P                              | lace of Business   | 2a.               | Mailing Address       |            |                | · · · · · · · · · · · · · · · · · · · | 4.      | FEI Number   |            | A                                | pplied For    |
| 21  |  | 26                |                       |            |                |                                       | J       | 65-0629933   |            | _   N                            | ot Applicable |
| Sulte, Apt. #, etc.                         |  |                   | Suite, Apt. #, etc.   |            |                |                                       | 5.      | Certificate of Status Desired                        |            |                                  | Additional    |
| 22  |  |                   | 27                    |            |                |                                       |         |  |            | Fee R                            | equired       |
| City & State                                |  |                   | City & State          |            |                |                                       | 6.      | Election Campaign Financing                          | <b>-</b>   |                                  | May Be        |
| 23  | Country  | 28                | 9                     | T - '0     |                |                                       | 4       | Trust Fund Contribution                              | <u> </u>   |                                  | to Fees       |
| Zip   | <u></u>  |                   | Zφ                    | n          | ountry         | ť                                     | 8.      | This corporation has liability for i                 |            | etax under s<br>□ No             | s. 199.032,   |
| 24  | 25  <br>9, Name and Address of Curre   | 29 <br>ent Regist | lered Agent           | 30         | 7              |                                       | 10      | Florida Statutes  Name and Address of New Re         |            |                                  |               |
| GDI   | JBER, MICHAEL G  | , it riogic       |                       |            | 81             | Name                                  |         | 110110 0110 110110                                   | gioto, ou  | Agoin.                           |               |
|   | I TYLER STREET   |                   |                       |            |                |                                       |         |  |            |                                  |               |
|   | LYWOOD FL 33020  |                   |                       |            | 82             | Street Addre                          | ess (P  | CO. Box Number is Not Acceptab                       | le)        |                                  |               |
| 1102  | 211100012 00020  |                   |                       |            | 83             |                                       |         | **************************************               |            |                                  |               |
|   |  |                   |                       |            |                |                                       |         |  |            |                                  |               |
|   |  |                   |                       |            | 84             | City                                  |         |  | FI         | 85 Zip                           | Code          |
| 11. Pursuant                                | to the provisions of Sections 607.05   | 02 and 60         | 07 1508 Florida Statu | les the    | . L<br>above   | e-parned corpo                        | oratio  | n submits this statement for the p                   | urnose o   | t changing i                     | ts registered |
| office or r                                 | to the provisions of Sections 607.05 egistered agent, or both, in the Stat m familiar with, and accept the oblig | e of Florid       | la Such change was    | authoriz   | ed by          | y the corporation                     | ori's t | poard of directors. I hereby accep                   | it the app | ointment as                      | registered    |
|   | m tamiliar with, and accept the oblig  | ganons or         | . 500001 607.0505, F1 | iorida Si  | atutes         | S.                                    |         |  |            |                                  |               |
| SIGNATURE                                   | Signature, Typed or printed name of registered as  | gent and title    | d applicable (NO      | II Begiste | <br>red Age    | ent signature require:                | d when  | rcinstaling)   | DATE       |                                  |               |
| 12.   | OFFICERS AS  |                   |                       | 13         | <del>-</del> - |                                       |         | ADDITIONS/CHANGES TO OFFIC                           | ERS AND    | DIRECTOR                         | RS IN 12      |
| TITLE                                       | PVTS   |                   | DELETE                | 1.1        | TOLE           |                                       |         |  |            | Change                           | Addition      |
| NAME  | <b>GRUBER, MICHAEL G</b>   |                   |                       | 1.2        | NAME           |                                       |         |  |            |                                  |               |
| STREET ADDRESS                              | 1421 TYLER STREET  |                   |                       | 1.3        | STREET         | ADDRESS                               |         |  |            |                                  |               |
| CITY-ST-ZIP                                 | HOLLYWOOD FL 33020   |                   |                       | 1.4        | CITY-S         | ST - ZIP                              |         |  |            |                                  |               |
| TITLE                                       |  |                   | ☐ DELETE              | 2.1        | 1171.E         |                                       |         |  |            | Change                           | Addition      |
| NAME  |  |                   |                       | 2.2        | NAME           |                                       |         |  |            |                                  |               |
| STREET ADDRESS                              |  |                   |                       | 2.3        | STREET         | ADDRESS                               |         |  |            |                                  |               |
| CITY-ST-ZIP                                 |  |                   |                       | 2.4        | CHY-S          | S1 - 7/P                              |         |  | 15.7       |                                  |               |
| TITLE                                       |  |                   | L_ DELETE             | 3.1        | 111tE          |                                       |         |  |            | Change                           | Addition      |
| NAME  |  |                   |                       | 32         | NAME           |                                       |         |  |            |                                  |               |
| STREET ADDRESS                              |  |                   |                       | 3.3        | STREET         | ADDRESS                               |         |  |            |                                  |               |
| CITY-ST-ZIP                                 |  |                   |                       | 3.4        | CHY-S          | S1 - ZiP                              |         |  |            |                                  |               |
| TITLE                                       |  |                   | ☐ DELETE              | 4.1        | THLE           |                                       |         |  |            | Change                           | Addition      |
| NAME  |  |                   |                       |            | NAME           |                                       |         |  |            |                                  |               |
| STREET ADDRESS                              |  |                   |                       | 43         | STREET         | ADDRESS                               |         |  |            |                                  |               |
| CITY-ST-ZIP                                 |  |                   | ·                     |            | CITY-S         | 1-7IP                                 |         |  |            |                                  |               |
| TITLE                                       |  |                   | L DELETE              | 5.1        | THEF           |                                       |         |  |            | L Change                         | Addition      |
| NAME  |  |                   |                       | 5.2        | NAME           |                                       |         |  |            |                                  |               |
| STREET ADDRESS                              |  |                   |                       | 5.3        | STREET         | ADDRESS                               |         |  |            |                                  |               |

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 logal effect as if made under oath; that I am an officer or director of the compatition of 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 changes, or on applications with an address.

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE