Mar 26, 1999 8:00 am Secretary of State

03-26-1999 90004 031 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000065340

1. Corporation Name

MERCHANT SERVICES AND SYSEMS, INC.

Principal Place of Business		Mailing Address			
1425 ARTHUR STREET		1425 ARTHUR STREET			
SUITE 116		SUITE 116			DO NOT WRITE IN THIS SPACE
HOLLYWOOD FI	L 33020	HOLLYWOOD FL 33020 US			3. Date Incorporated or Qualifed
US		00			08/23/1995
		1 0- Mailing Address			4. FEI Number Applied For
· · ·	ace of Business	2a. Mailing Address			65-0629933 Not Applicable
21		Suite, Apt. #, etc.			\$8.75 Additional
Suite, Apt. #, etc.		⊢ ''			5. Certificate of Status Desired Fee Required.
22		City & State			
City & State		——————————————————————————————————————			6. Election Campaign Financing S5.00 May Be Trust Fund Contribution Added to Fees
Zip Country		Zip Country		,	8. This corporation owes the current year Intangible
Zìp		<u> </u>	¬	,	Personal Property Tax.
24	25 C. Nove and Address of Courset		'' 		10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent				Nam	
GRU	BER, MICHAEL G				· · · · · · · · · · · · · · · · · · ·
1425 ARTHUR STREET		82 Street A		Stre	reet Address (P.O. Box Number is Not Acceptable)
SUITE 116		83			
HOLLYWOOD FL 33020		\'		1	·
ПОЦ	LIWOOD FL 33020		84	City	ity 85 Zip Code
				<u> </u>	FL S Z P S C P C P
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 reinstating) DATE					
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PVTS	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	GRUBER, MICHAEL G		1.2 NAME		
STREET ADDRESS	1425 ARTHUR STREET #116		1.3 STREE	TADDRE	RESS
CITY-ST-ZIP	HOLLYWOOD FL 33020		1.4 CITY-S	T-ZIP	
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADORESS			2.3 STREE	TADDRE	RESS
CITY-ST-ZIP	ومحمد بالسميد بيدر في البرادورية		2. 4 CITY-	ST-ZIP.	·
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	*		3.2 NAME		
STREET ADDRESS			3.3 STREE	TADDRE	RESS
CITY-ST-ZIP			3.4. CITY-		· 1
TITLE	-	☐ DELETE	4.1 TITLE		Change Addition
NAME			4, 2 NAME		
			4.3 STREE		DRESS
STREET ADDRESS	•		4.4 CITY-5		
CITY-ST-ZIP		☐ DELETE	5.1 TITLE	31.5	☐ Change ☐ Addition
TITLE		<u></u>	5.2 NAME		
NAME			5.3 STREE	TADDRF	RESS
STREET ADDRESS		•	5.4 CITY-S		- \
CITY-ST-ZIP		☐ DELETE	6.1 TITLE	71-EIF	Change Addition
TITLE		□ vereig	6.2 NAME		
NAME			6.3 STREE		DECS .
STREET ADDRESS		"			
CITY-ST-ZIP			6.4 CITY-5	si-ZIP	<u>' </u>

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 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 changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: