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 # **P95000074251**1. Corporation Name

PERSONAL CIPHER CARD, CORPORATION

Principal Place of Business	7
3211 BONNYBROOK DR. N.	-
LAKELAND FL 33811	

FILED Jan 29, 1999 8:00am **Secretary of State**

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Principal Plac	ce of Business	Mailing Address		"	6 10061001 11E 1E1D1 01111 00111 00111 00111	. 1881: \$1819 1182: \$1191 1181 1891
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					DO NOT WRITE IN TH	IS SPACE
					3. Date Incorporated or Qualifed	
	;				09/25/1995	i
2. Principal F	Place of Business	2a. Mailing Add	ress	 ·	4. FEI Number	Applied For
一 ・ ・、		26		•	59-3342641	Not Applicable
21 Suite, Apt	# etc	Suite, Apt. #	, etc.			\$8.75 Additional
	. m ₁ otto	27	,		5. Certificate of Status Desired	Fee Required
22	the state of the s	City & State			6. Election Campaign Financing	\$5.00 May Be
		—	u diato		Trust Fund Contribution Added to Fees	
23		Zip	Cou	intry	This corporation owes the current year	
Zip —)	Country	<u></u>			Personal Property Tax.	⊓tangible ☐Yes ☐No
24	[25]	29	30	1	10. Name and Address of New Registere	
	9. Name and Address of Curre			81 Name	10. Hame and Address of them registere	
IA/LI	EELER, KIPPERT R	and the second of the second of the second	•	Name		<u> </u>
		With the		82 Street Add	ress (P.O. Box Number is Not Acceptable)	•••
	1 BONNYBROOK DR. N.				7 - 2 - 1 - 12 - 3 - 3 - 4 - 3 - 2 - 3 - 2 - 3 - 2 - 3 - 2 - 3 - 2 - 3 - 3	t, and a winder stage define a bit for
LAK	(ELAND FL 33811		٠.	83	· · · · · · · · · · · · · · · · · · ·	
			•	84 City	- 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	. 85 Zip Code
				City	F	L S Z S S S S S S S S
	registered agent, or both, in the Stat am familiar with, and accept the obliq	a of Florida 'Such chai	MAC WAS AUTHORIZED	i by the comorati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as registered
SIGNATURE		and title if applicable	/NOTE: Registered	Anent signature require	ed when reinstating) DATE	
12.	Signature, typed or printed name of registered at	ND DIRECTORS	13.	- Agent agriculo require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
	PC OFFICERS A		DELETE 1,1 Π	TLE T		☐ Change ☐ Addition
TITLE	WHEELER, KIPPERT R	٠., ۵.	1.2 N		The AME	_ : _
NAME			_	1.		
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NAME	\$25 Maddle (1985年1977)		6.2 N	AME		
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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, with all other like empowered.

6.4 CITY-ST-ZIP