

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 # P95000084230 (8)

1. Corporation Name

ELECTRONIC CARD SYSTEMS, INC.



Principal Place of Business

5305 REFLECTION CLUB DR., #105
TAMPA FL 33634

Mailing Address

5305 REFLECTION CLUB DR., #105
TAMPA FL 33634

3. Date Incorporated or Qualified

11/02/1995

3a. Date of Last Report

N/A

2. Principal Place of Business

2a. Mailing Address

21 5305 Reflection Club Dr., #105

26 5305 Reflection Club Dr., #105

4. FEI Number

59-3344963

Applied For

Not Applicable

22 Suite, Apt. #, etc.

22 Suite 105

27 Suite, Apt. #, etc.

27 Suite 105

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

23 City & State

23 Tampa, FL

28 City & State

28 Tampa, FL

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

24 Zip

24 33634

Country

25 Hillsborough

29 Zip

29 33634

Country

30 Hillsborough

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MELANSON, STEVEN

5305 REFLECTION CLUB DR., #105

TAMPA FL 33634

81 Name

Same

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 instant applicant

(The filer, Registered Agent, signature is required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME ~~Steven Melanson~~
STREET ADDRESS ~~5305 Reflection Club Dr.~~
CITY-ST-ZIP ~~Tampa, FL 33634~~

TITLE ☐ DELETE

NAME President
NAME Steve Melanson
STREET ADDRESS 5305 Reflection Club Dr. #105
CITY-ST-ZIP Tampa, FL 33634

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

400001865904
-06/18/96--01133--034
***225.00

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:

Steven Melanson

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/30/96

(83) 618-0203

DATE OF FILING

CR2E034 (12/95)