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PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Modman
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P95000095347 (7)**

1. Corporation Name

PAYCOMP MARKETING, INC.



Principal Place of Business

**2550 26TH STREET, WEST
BRADENTON FL 34205**

Mailing Address

**2550 26TH STREET, WEST
BRADENTON FL 34205**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

30

9. Name and Address of Current Registered Agent

**REINEMEYER, JACK
2550 26TH STREET, WEST
BRADENTON FL 34205**

81 Name

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 607.1506, 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 of person to be registered agent, if different from above

Signature of person applying for business, if different from above

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME **REINEMEYER, SUSAN**
STREET ADDRESS **2550 26TH STREET, WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

2. NAME

13. STREET ADDRESS

14. CITY-ST-ZIP

2. TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME **REINEMEYER, JACK**
STREET ADDRESS **2550 26TH STREET, WEST**
CITY-ST-ZIP **BRADENTON FL 34205**

3. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

3. TITLE ☐ DELETE

3. NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4. NAME

33. STREET ADDRESS

34. CITY-ST-ZIP

4. TITLE ☐ DELETE

4. NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

4. NAME

43. STREET ADDRESS

44. CITY-ST-ZIP

5. TITLE ☐ DELETE

5. NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

5. NAME

53. STREET ADDRESS

54. CITY-ST-ZIP

6. TITLE ☐ DELETE

6. NAME ☐ Change ☐ Addition

NAME

STREET ADDRESS

CITY-ST-ZIP

6. NAME

63. STREET ADDRESS

64. CITY-ST-ZIP

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 of this change of information filing with an address.

SIGNATURE:

[Signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-13-96

FILED 3-13-96

CR2E034 (12/95)