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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandre B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

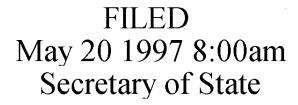
DOCUMENT # P9600003089 (5)

RETRIEVER PAYMENT SYSTEMS OF FLORIDA INC.

Principal Place of Business

Mailing Address

121 MEADOWLANDS DRIVE ROYAL PALM BEACH FL 33411 121 MEADOWLANDS DRIVE ROYAL PALM BEACH FL 33411-





ROYAL PALM BEACH FL 33411	ROYAL PALM	ROYAL PALM BEACH FL 33411-8274						
		:			3. Date Incorporated or Qualified 01/08/1996	3a. Dat	of Last F	Report
Principal Place of Business 1	2a. Mailing Ad 26				4. / ELNumber 65-057/85/			pplied For ot Applicable
Sulte, Apt. #, etc.	Suite, Apt.	· :			5. Certificate of Status Desired			Additional equired
City & State	City & Stat				6. Election Campaign Financing Trust Fund Contribution		\$5.00 Added	May Be to Fees
24 25	ountry	30 Cpu	ntry] Yes [No	. 199.032,
	Address of Current Registered Agen		·		10. Name and Address of New Re	gistered A	gent	
PYSER, LAWRENCE		:	81 N	lame				
121 MEADOWLAND		•	82 Si	treet Addres	s (P.O. Box Number is Not Acceptat	alo)		
royal palm beac	H FL 33411							
		:	83					
		:	B4 C	ity		FL	85 Zip	Code
11. Pursuant to the provisions of office or registered agent, or spent Lem familiar with provisions.	Sections 607.0502 and 607.1508, Flor both, in the State of Florida. Such ch diaccept the obligations of, Section 60	orida Statutes, the at ange was authorized	pove-na d by the	amed corpor e corporation	ration submits this statement for the parties board of directors. I hereby acce	ourpose of continuous	hanging i ritment as	ts registered registered
DIOMATUDE	d name of registered agont and little if applicable	(NOTE Registered						
12.	OFFICERS AND DIRECTORS	(NOTI Registires	1 VČeni s č	gnature required	ADDITIONS/CHANGES TO OFFIC	PATE AND 1	NECTOE	20 INI 12
TITLE JOSEAN		DELETE 1.130	 LE	117			Change	Addition
NAME S	we M. lysen	1.2 NA	ME		PRES. ANDRA D. 1458 ABOVE	•		
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CITY-ST-ZIP # BOV1		1,4 017	TY - ST - <i>7</i> (F	P -	DRAUM	•		
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NAME		6 2 N/A						
STREET ADDRESS			HEET ADDA	· ·				
CITY-ST-ZIP		64[Cf]	Y-S1-ZiP					

4. 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 legal effect as if made under oath; that I am an officer or director of the confidation or the neceiver of instead 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 attack trent with an address.

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