

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

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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000009168 (1)

1. Corporation Name
EFT SYSTEMS, INC.

Principal Place of Business
3500 NORTH STATE ROAD 7
SUITE 333
LAUDERDALE LAKES FL 33319

Mailing Address
3500 NORTH STATE ROAD 7
SUITE 333
LAUDERDALE LAKES FL 33319-5626



3. Date Incorporated or Qualified 01/30/1996
3a. Date of Last Report

2. Principal Place of Business		2a. Mailing Address		4. FEI Number		Applied For	
21 9441 W. SAMPLE RD.		26 9441 W. SAMPLE RD.		65-0643069		Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired		8.75 Additional Fee Required	
22 SUITE 205		27 SUITE 205		<input type="checkbox"/>			
City & State		City & State		6. Election Campaign Financing		5.00 May Be Added to Fees	
23 CORAL SPRINGS, FL		28 CORAL SPRINGS, FL		Trust Fund Contribution		<input type="checkbox"/>	
Zip		Zip		Country		Country	
24 33065		25 USA		29 33065		30 USA	

9. Name and Address of Current Registered Agent

GARFIELD, NEIL F
4119 N. STATE RD. 7
STE. 245
LAUDERDALE LAKES FL 33319

10. Name and Address of New Registered Agent

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 607.1508, 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 DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	Director <input checked="" type="checkbox"/> DELETE	1.1 TITLE	DIRECTOR <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KAUFMAN, AARON	1.2 NAME	KAUFMAN, AARON
STREET ADDRESS	7 BERMUDA LAKES DR	1.3 STREET ADDRESS	7 BERMUDA LAKE DR.
CITY - ST - ZIP	PALM BEACH GARDENS FL 33418	1.4 CITY - ST - ZIP	PALM BEACH GARDENS, FL 33418
TITLE	Pres. <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	Neil F Garfield	2.2 NAME	NEIL F. GARFIELD
STREET ADDRESS	Suite 205 9441 W Sample Rd	2.3 STREET ADDRESS	STE 205 9441 W. SAMPLE RD.
CITY - ST - ZIP	Lauderdaale Coral Springs FL 33319	2.4 CITY - ST - ZIP	CORAL SPRINGS, FL 33065
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. 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 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 or changed or first attachment with an address.

SIGNATURE:

Neil F Garfield
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/1/97 954 340-1500
Date Daytime Phone #

CR2E034 (9/96)