
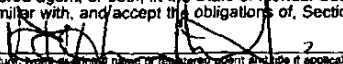



FILED
Jun 23, 1999 8:00 am
Secretary of State

06-23-1999 90005 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harriß Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P96000020578 1. Corporation Name Automated Payment Systems, Inc			
Principal Place of Business 4500 CENTRAL AVE ST PETERS, FL 33711		Mailing Address Same	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified			
2. Principal Place of Business 21 4500 CENTRAL AVE Suite, Apt. #, etc.		2a. Mailing Address 26 Suite, Apt. #, etc.	
22 City & State 23 ST PETERS, FL		27 City & State 28 ST PETERS, FL	
24 Zip 33711 25 Country USA		29 Zip 30 Country	
9. Name and Address of Current Registered Agent CLIFF HUNT 100 2ND AVE SOUTH #400N ST PETERS, FL 33701		10. Name and Address of New Registered Agent 81 Name ROGER K HUMBERT 82 Street Address (P.O. Box Number is Not Acceptable) 4500 CENTRAL AVE 83 84 City ST PETERS FL 85 Zip Code 33711	
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  ROGER K. HUMBERT DATE June 14, 1999			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE Roy A. Goilen - PRES/CEO 1.2 NAME 146 2ND ST, NO 1.3 STREET ADDRESS ST PETERS, FL 33704 1.4 CITY-ST-ZIP ST PETERS, FL 33704		1.1 TITLE ROGER K. HUMBERT 1.2 NAME 4500 CENTRAL AVE 1.3 STREET ADDRESS ST PETERS, FL 33711 1.4 CITY-ST-ZIP ST PETERS, FL 33711	
2.1 TITLE MATT BIGGLE - DIRECTOR 2.2 NAME 146 2ND ST, NO 2.3 STREET ADDRESS ST PETERS, FL 33704 2.4 CITY-ST-ZIP ST PETERS, FL 33704		2.1 TITLE THOMAS BEGLEY 2.2 NAME 4500 CENTRAL AVE 2.3 STREET ADDRESS ST PETERS, FL 33711 2.4 CITY-ST-ZIP ST PETERS, FL 33711	
3.1 TITLE DOUGLAS CLEVELAND DIRECTOR 3.2 NAME 146 2ND ST, NO 3.3 STREET ADDRESS ST PETERS, FL 33704 3.4 CITY-ST-ZIP ST PETERS, FL 33704		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
4.1 TITLE JUDITH LONG SHORE DIRECTOR 4.2 NAME 146 2ND ST, NO 4.3 STREET ADDRESS ST PETERS, FL 33704 4.4 CITY-ST-ZIP ST PETERS, FL 33704		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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.			
SIGNATURE: 		ROGER K. HUMBERT DATE 6/14/99 DAYTIME PHONE # 727-377-7253	

CR2E034 (11/98)