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PROFIT CORPORATION ANNUAL REPORT

1997



ELORIDA DEPARTMENT DE STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000025012 (1)

ATM SERVICE PROVIDERS OF AMERICA, INC.

Principal Place of Business Mailing Address 3483 INVERRARY BLVD. WEST 3483 INVERRARY BLVD. WEST LAUDERHILL FL 33319 LAUDERHILL FL 33319-7112 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1996 FEI Number 2a. Mailing Address 2. Principal Place of Business Applied For Not Applicable 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Country Zip Country This corporation has liability for intangible tax under s. 199.032, Zφ Florida Statutes Yes No. 30 24 25 29 9. Name and Address of Current Registered Agent Name and Address of New Registered Agent 81 MINNAKER, NEIL 3483 INVERRARY BLVD. WEST 82 LAUDERHILL FL 33319 83 84 Pursuant to the provisions of Sections 607.050 office or registered actent, or both, in the State Statutes, the above-named corporation submits this statement for the purpose of changing its registered nd 607.1508, Flor office or registe was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent Lam far SIGNATURE OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 (96/6) 12. KER, NEIL Change THILE □ DELETE 1.1 TITLE 1.2 NAME NAME 3483 INVERRARY BLVD. WEST 1.3 STREET ADDRESS STREET ADDRESS LAUDERHILL FL 33319 Crty - ST - ZIP 1.4 CITY-ST-ZIP Change Addition frecidents + Sec. StruckMinnaKer 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 2 4 CITY-ST-ZIP Change Addition 3.1 TITLE TITLE 3 2 NAME NAME 3.3 STREET ADDRESS STREET ADORESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 52 NAME **5.3 STREET ADDRESS** STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIE Addition DELETE Change 6.1 TITLE TITLE 6.2 NAME NAMÉ

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Tdo 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 eport 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 those portal in the receiver of the exemption of the receiver of the receiver of the exemption of the receiver of the receiver of the exemption of the receiver of the receiver of the exemption of the receiver of the receiv

SIGNATURE:

appears in Block 12 or Block

14. I do hereby certify that the information supplied with this filing does

STREET ADDRESS

City - ST- ZiP

FILED

Apr 28 1997 8:00am

Secretary of State