


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

FILED

Apr 28 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000032852 (1)**

1. Corporation Name

**ACCOUNT PROCESSING SERVICES AMERICA, INC.**

Principal Place of Business

6151 MIRAMAR PARKWAY  
SUITE 309  
MIRAMAR FL 33023

Mailing Address

6151 MIRAMAR PARKWAY  
SUITE 309  
MIRAMAR FL 33023



<b>2. Principal Place of Business</b> 21 Suite, Apt #, etc. 22 <b>SUITE 309</b> 23 City & State 24 Zip 25 Country		<b>2a. Mailing Address</b> 26 Suite, Apt #, etc. 27 <b>SUITE 309</b> 28 City & State 29 Zip 30 Country		<b>3. Date Incorporated or Qualified</b> <b>04/15/1996</b>	<b>3a. Date of Last Report</b>
				<b>4. FEL Number</b> <b>65-0442091</b>	Applied For <input type="checkbox"/> Not Applicable
				<b>5. Certificate of Status Desired</b> <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
				<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
				<b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

**9. Name and Address of Current Registered Agent**

**RUBIN, S. ROBERT**  
**6151 MIRAMAR PARKWAY**  
**SUITE 309**  
**MIRAMAR FL 33023**

**10. Name and Address of New Registered Agent**

**81 Name**  
**82 Street Address (P.O. Box Number is Not Acceptable)**  
**6151 MIRAMAR PARKWAY # 309**  
**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]*  
 Signature of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**4-22-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/P RUBIN, S. ROBERT POST OFFICE BOX 3808 N/A HOLLYWOOD FL 33083-3808	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D/VP STEVE MIRAMAR 6151 MIRAMAR PARKWAY #309 MIRAMAR FL 33023	<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition

**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 a 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.**

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

**4-22-97**

**954-985-8835**

CR2E034 (9/96)