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Feb 04 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 # P96000057705 (1)

1. Corporation Name  
CREDIT CARD PROCESSING CENTER, INC.



Principal Place of Business

5600 COLLINS AVE., #5D  
MIAMI BEACH FL 33140

Mailing Address

5600 COLLINS AVE., #5D  
MIAMI BEACH FL 33140-2403

3. Date Incorporated or Qualified

07/09/1996

3a. Date of Last Report

2. Principal Place of Business

21 5600 Collins Ave

Suite, Apt. #, etc.

22 5D

City & State

23 Miami Beach FL

Zip

24 33140

Country

25 Dade

2a. Mailing Address

26 5600 Collins Ave

Suite, Apt. #, etc.

27 5D

City & State

28 Miami Beach FL

Zip

29 33140

Country

30 Dade

4. FEI Number

Applied For

☒ Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

6. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

SMITH, CHRISTINE  
5333 COLLINS AVE.  
P.H.G.  
MIAMI BEACH FL 33140

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83 5600 Collins Ave #5D

84 City

Miami Beach

FL

85 Zip Code

33140

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

CHRISTINE SMITH

DATE

1/28/97

12. OFFICERS AND DIRECTORS

TITLE D-OWNER  
NAME SMITH, CHRISTINE  
STREET ADDRESS 5333 COLLINS AVENUE P.H.G.  
CITY-ST-ZIP MIAMI BEACH FL 33140

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D-OWNER  
1.2 NAME SMITH, CHRISTINE  
1.3 STREET ADDRESS 5600 COLLINS AVE #5D  
1.4 CITY-ST-ZIP Miami Beach FL 33140

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
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 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/28/97 305-866-6755

CR2E034 (9/96)