

FILE NOW: FILING FEE AFTER MAY 1 IS \$50.00

FILED
Apr 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000062978 (7)

1. Corporation Name
CARDPRO, INC.



Principal Place of Business 7771 W. OAKLAND PARK BLVD. SUITE 205 SUNRISE FL 33351	Mailing Address 7771 W. OAKLAND PARK BLVD. SUITE 205 SUNRISE FL 33351-6748
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3. Date Incorporated or Qualified 07/29/1996	3a. Date of Last Report
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2. Principal Place of Business 21 7771 W. Oakland PK. Blvd. Suite, Apt. #, etc. Suite 216 City & State 23 Sunrise, FL Zip 24 33351	2a. Mailing Address 26 7771 W. Oakland PK Blvd. Suite, Apt. #, etc. Suite 216 City & State 28 Sunrise FL Zip 29 33351	Country 25 USA 30 USA
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4. FEI Number 65-0683394	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent
COHEN, MARTIN H
7771 W OAKLAND PARK BLVD.
SUITE 205
SUNRISE FL 33351

10. Name and Address of New Registered Agent 81 Name Martin H. Cohen 82 Street Address (P.O. Box Number is Not Acceptable) 7771 W. Oakland Park Blvd. 83 Suite 216 84 City Sunrise 85 Zip Code FL 33351
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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 *Martin H. Cohen*
Signature and typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE 4/18/97

12. OFFICERS AND DIRECTORS		
TITLE	D	<input type="checkbox"/> DELETE
NAME	COHEN, MARTIN H	
STREET ADDRESS	7771 W. OAKLAND PARK BLVD. SUITE 205	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input type="checkbox"/> DELETE
NAME	MAZZARANTANI, JULEE E	
STREET ADDRESS	7771 W. OAKLAND PARK BLVD. SUITE 205	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	USBELGER, MICHAEL	
STREET ADDRESS	7771 W. OAKLAND PARK BLVD. SUITE 205	
CITY-ST-ZIP	SUNRISE FL 33351	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MARTIN H. COHEN	
1.3 STREET ADDRESS	7771 W. Oakland Park Blvd #216	
1.4 CITY-ST-ZIP	Sunrise FL 33351	
2.1 TITLE	DP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	JULEE E MAZZARANTANI	
2.3 STREET ADDRESS	7771 W. OAKLAND PARK BLVD. #216	
2.4 CITY-ST-ZIP	Sunrise FL 33351	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Martin H. Cohen* SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date 4/18/97 Daytime Phone 3545721516