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FILED
Feb 10 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 # P96000070175 (0)

1. Corporation Name

~~BANQUARD-MERCHANT SYSTEMS, INC.~~ OBA
MERCHANT SERVICES Advertising Agency

Principal Place of Business

958 SOUTH MILITARY TRAIL, SUITE 300
WEST PALM BEACH FL 33415

Mailing Address

958 SOUTH MILITARY TRAIL, SUITE 300
WEST PALM BEACH FL 33415-3910

3. Date Incorporated or Qualified
08/22/1996

3a. Date of Last Report

2. Principal Place of Business

21 4400 N. Federal Hwy
Suite, Apt. #, etc.

22 210

City & State

23 Boca Raton, FL

Zip

24 33431

Country

25 Palm Beach

2a. Mailing Address

26 4400 N. Federal Hwy
Suite, Apt. #, etc.

27 210

City & State

28 Boca Raton, FL

Zip

29 33431

Country

30 Palm Beach

4. FEI Number

65-0690393

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME WENTZ, BETTY J
STREET ADDRESS 958 SOUTH MILITARY TRAIL, SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE VSD ☒ DELETE

NAME GILDEA, WILLIAM J
STREET ADDRESS 958 SOUTH MILITARY TRAIL, SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE TD ☒ DELETE

NAME ROTHMAN, MARTIN
STREET ADDRESS 958 SOUTH MILITARY TRAIL, SUITE 300
CITY-ST-ZIP WEST PALM BEACH FL 33415

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

☐ Change

☐ Addition

☐ Change

☐ Addition

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☐ Change

☐ 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 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]

Betty J. Wentz

1-28-97

CR2E034 (9/96)