

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **P96000070175**
 1. Corporation Name
BANCARD MERCHANT SYSTEMS, INC.

Principal Place of Business: ~~4400 N. FED HWY #210 BOCA RATON, FL 33431~~
 Mailing Address: ~~4400 N. FED HWY #210 BOCA RATON, FL 33431~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 **12299 WEDGE WAY**
 Suite, Apt. #, etc.
 22
 City & State
 23 **BOYNTON BEACH FL**
 Zip Country
 24 **33437** 25 **USA**

2a. Mailing Address
 26 **12299 WEDGE WAY**
 Suite, Apt. #, etc.
 27
 City & State
 28 **BOYNTON BEACH, FL**
 Zip Country
 29 **33437** 30 **USA**

3. Date Incorporated or Qualified
8-22-96

4. FEI Number
65-0690393
 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**

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
~~AMERILAWYER CHARTERED~~
~~345 ALMERIA AVE~~
~~COVING TON, FL 33134~~

10. Name and Address of New Registered Agent
 81 Name **ALAN J. STUPARITZ**
 82 Street Address (P.O. Box Number is Not Acceptable) **900 E. ATLANTIC BLVD**
 83 **SUITE 17**
 84 City **POMPANO BEACH FL** 85 Zip Code **33060**

11. Pursuant to the provisions of Sections 607.0507 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 a registered agent under Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4-30-98**

12. OFFICERS AND DIRECTORS

TITLE	PSTD	<input type="checkbox"/> DELETE
NAME	BETTY WENTZ	
STREET ADDRESS	958 S. MEL TRL, SUITE 30	
CITY-ST-ZIP	DUFB, FL 33415	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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

11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	12299 WEDGE WAY
14 CITY-ST-ZIP	BOYNTON BEACH, FL 33437
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	100002532661
53 STREET ADDRESS	-05/22/98--01013--008
54 CITY-ST-ZIP	***150.00
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY-ST-ZIP	

14. I 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 or 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 attached sheet with an address.

SIGNATURE: *Betty Wentz* DATE: **4-30-98** TELEPHONE: **954-783-5030**

CR2E034 (10/97)

10/5/21