

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

PROFIT
CORPORATION
ANNUAL REPORT
.1998



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

FILED

98 FEB 25 AM 9:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000019244

1. Corporation Name

MERCHANTS CHOICE CARD SERVICES INC

Principal Place of Business

10151 DEERWOOD PARK BLVD
BLDG 200 SUITE 250
JACKSONVILLE, FL 32256

Mailing Address

10151 DEERWOOD PARK BLVD
BLDG 200 SUITE 250
JACKSONVILLE, FL 32256

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

2/24/1997

4. FEI Number

59-3428144

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

2. Principal Place of Business

21 166 N SR A1A HY

Suite, Apt. #, etc.

2a. Mailing Address

26 PO Box 2878

Suite, Apt. #, etc.

City & State

23 PONTE VEDRA BEACH, FL

Zip

24 32082

Country

25 USA

City & State

28 PONTE VEDRA BEACH, FL

Zip

29 32004

Country

30 USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

GOLD, ANNETTE F
10151 DEERWOOD PARK BLVD
BLDG 200 SUITE 250
JACKSONVILLE, FL 32256

81 Name

GOLD, M

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

166 N SR A1A HY

83

84 City PONTE VEDRA BEACH

FL

85 Zip Code

32082

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]

M. GOLD, DIRECTOR

2/23/98

(Signature of officer or director, name of registered agent and title of applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME ☒ DELETE

GOLD, ANNETTE F
10151 DEERWOOD PARK BLVD
JACKSONVILLE, FL 32256

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

TITLE NAME ☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DIRECTOR ☐ Change ☒ Addition

1.2 NAME GOLD, M

1.3 STREET ADDRESS 166 N SR A1A HY

1.4 CITY-ST-ZIP PONTE VEDRA BEACH, FL 32082

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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 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]

M. GOLD, DIRECTOR

2/23/98

904-285-4900

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (10/97)