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Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90092 021 ***150.00

**PROFIT
CORPORATION
ANNUAL REPORT
1999**



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000041446

1. Corporation Name

BANK CARD SECURITY CENTER, INC.

Principal Place of Business

**5050 SOUTH HIGHWAY 17-92
CASSELBERRY FL 32707**

Mailing Address

**5050 SOUTH HIGHWAY 17-92
CASSELBERRY FL 32707**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/09/1997

4. FEI Number

59-3445892

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 the current year Intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21
Suite, Apt. #, etc.

22
City & State

23
Zip Country

24
Country

2a. Mailing Address

26
Suite, Apt. #, etc.

27
City & State

28
Zip Country

29
Country

9. Name and Address of Current Registered Agent

**ZWICKER, STEVE
539 CANBY CIRCLE
OCFEE FL 34761**

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 ☐ DELETE

**PD
ZWICKER, STEVE
539 CANBY CIRCLE
OCFEE FL 34761**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

TITLE ☐ DELETE

**NAME
STREET ADDRESS
CITY-STATE-ZIP**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)