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PROFIT CORPORATION ANNUAL REPORT 1999

1. Corporation Name



DOCUMENT # P97000093725

FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90133 012 ***150.00

PEOPLE	PAY, INC.									
Principal Plac	e of Business	Mailing Address				I	I BOTABOT TIO CORTE CONTE ONLITE ONLITE	EBINI BBIND	INTER STILL TRAIN I	AND DIR INEL
259 CEDAR PARK CIR. 259 CEDAR PARK C		259 CEDAR PARK CIR.								
SARASOTA FL 34231 SARASOTA FL 34231							DO NOT WRITE	IN THIS	SDACE	
						3 Date I	r corporated or Qualifed	. 114 11113	SFACE	
						1	1/ 1997			
2 Principal D	lace of Business	2a. Mailing Address				4. FEI N			Anr	ied For
	lace of business	26 7 610 040	GEORG	651	Saal A		791265			Applicable
Suite, Apt.	#. etc.	Suite, Apt. #, etc.	- C(FO)C	- (<u>) -</u> \	7,010				\$8.75 A	
22	.,	27				5. Certifo	ate of Status Desired		Fee Rec	uired
City & Stat	te	City & State		~		6. Election	n Campaign Financing		\$5.00	tay Be
23		28 BETHESDA		MD)		Trust	und Contribution	<u> </u>	Added to	Fees
Zip	Country	Zip		untry			crporation owes the curren	it year Int		
24	25	29 20814	30				at Property Tax.		д	.∃No
	9. Name and Add ess of Current	Registered Agent		81	Name	10. Name	and Address of New Re	gistere 1	Agent	
RIA	CKIE GERALD			"	Name					
BLACKIE, GERALD 259 CEDAR PARK CIR.				82	Street A	ddress (P.O. Bo	Number is Not Acceptab	le)		
SARASOTA FL 34231				83						
Onn	ADDIA I E OTEGI			03						
				84	City			FL	85 Zip C	ode
44 Durana st	to the provisions of Sections 607.0502	and 607 1508 Florida Stat	ues the s	hove.	named c	n noration subm	its this statement for the pi	urpose of	changing its	egistered
office or i	registered agent, or both, in the State or m familiar with, and accept the obligati	r Florida. Such change was	a uthorize	a by ti	ne corpor	ation's board of	directors. I hereby accept	the appoi	ntment as reg	istered
SIGNATURE								DATE		-
12.	Signature, typed or printed nar ne of registered agent OFFICERS AND		13.		signature rec	u red when reinstating	CNS/CHANGES TO OFFI		VD DIRECTO	S IN 12
TITLE	D SPRICERS AND	DELETE	1.1 T		T		- 110/01/11/10/20 10 01/1		Change	Addition
NAME	BLACKIE, GERALD	_		IAME						
STREET ADDRESS	AFA OFFILE BARK OID				ADDRESS					
CITY-ST-ZIP	SARASOTA FL 34231			ITY-ST-	Į.					1
TITLE	D	DELETE	2.1 T						Change	Addition
NAME	PERRY, STEPHEN G		2.2 N	IAME						
STREET ADDRESS	AND BROADWAY BENTLIOUSE	E	2.3 S	TREET	ADDRESS					
CITY-ST-ZIP	NEW YORK NY 10003	_								
TITLE			2.40	CITY-ST	-ZIP					
NAME	D	☐ DELETE	2.40 3.1 T		-ZIP				Change	☐ Addition
ATDEET + DODE: 0		DELETE	3.1 T						Change	☐ Addition
STREET ADDRES S	D RIND, ERIK H		3.1 T 3.2 N	ITLE IAME		7610 OLD	GEORGETOWN 6	 20AD	Change	Addition
CITY-ST-ZIP	D RIND, ERIK H		3.1 T 3.2 N 3.3 S	ITLE IAME	ADDRESS	7610 OLD BETHESDA		20AD 414		
	D RIND, ERIK H 2275 RESEARCH BLVD., STE.22		3.1 T 3.2 N 3.3 S	ITLE JAME STREET A	ADDRESS			20AD	Change	☐ Addition
CITY-ST-ZIP	D RIND, ERIK H 2275 RESEARCH BLVD., STE.22	20	3.1 T 3.2 N 3.3 S 3.4.0 4.1 T	ITLE JAME STREET A	ADDRESS			20AD &14		
CITY-ST-ZIP TITLE	D RIND, ERIK H 2275 RESEARCH BLVD., STE.22	20	3.1 T 3.2 N 3.3 S 3.4. C 4.1 T 4.2 h	TTLE TREET / CITY-ST TTLE NAME	ADDRESS			८। ५ १०४०		
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CITY-ST-ZIP TITLE NAME STREET ADDRES S CITY-ST-ZIP TITLE	D RIND, ERIK H 2275 RESEARCH BLVD., STE.22 ROCKVILLE MD 20850	20 DELETE	3.1 T 3.2 N 3.3 S 3.4.0 4.1 T 4.2 P 4.3 S 4.4 C 5.1 T 5.2 N 5.3 S	ITLE IAME STREET / ITLE NAME STREET / STREET / ITLE IAME STREET /	ADDRESS ADDRESS ZIP ADDRESS			 €14 	☐ Change	☐ Addition
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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 suppliemental 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 legal effect as if made under oath; that I am an officer or director of the corporation 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 a particular with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

RE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR