

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

FILED
Apr 27 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000097542 (9)

1. Corporation Name

MY PROCESSOR, INC.



Principal Place of Business

215 S. OLIVE AVE., SUITE 100
W. PALM BEACH FL 33401

Mailing Address

215 S. OLIVE AVE., SUITE 100
W. PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/12/1997

4. FEI Number

65-0799132

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 73 W. PLUMOSA LANE

Suite, Apt. #, etc.

22

City & State

23 LAKE WORTH, FL

Zip

24 33467

Country

25 PALM BEACH

2a. Mailing Address

26 73 W PLUMOSA LANE

Suite, Apt. #, etc.

27

City & State

28 LAKE WORTH, FL

Zip

29 33467

Country

30 PALM BEACH

9. Name and Address of Current Registered Agent

SUTTON, MARCIA D
215 S. OLIVE AVE., SUITE 100
W. PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name MARCIA D. SUTTON

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

73 W PLUMOSA LANE

83

84 City LAKE WORTH

FL

85 Zip Code 33467

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

(NC 11 - Registered Agent's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME SUTTON, MARCIA D
STREET ADDRESS 215 S. OLIVE AVE., SUITE 100
CITY-ST-ZIP W. PALM BEACH FL 33401

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

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 ☒ Change ☐ Addition

1.2 NAME SUTTON, MARCIA D.
1.3 STREET ADDRESS 73 W PLUMOSA LANE
1.4 CITY-ST-ZIP LAKE WORTH, FL 33467

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: *Marcia D. Sutton*

4/26/98

(91) 745-7411

CR2E034 (10/97)