

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

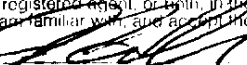
FILED
May 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # P97000105794 1. Corporation Name FINANCIAL PROCESSING INSTITUTION, INC.	

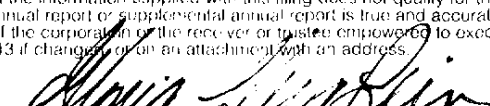
Principal Place of Business	Mailing Address
DO NOT WRITE IN THIS SPACE	

2. Principal Place of Business	2a. Mailing Address
21 2403 N. Riverside Dr. Suite, Apt. #, etc.	26 2403 N. Riverside Dr. Suite, Apt. #, etc.
22 City & State 23 Pompano Beach, FL	27 City & State 28 Pompano Beach, FL
24 Zip 33062	29 Zip 33062
25 Country USA	30 Country USA

9. Name and Address of Current Registered Agent	
HASELKORN, JASON S. ESQ. 515 N FLAGLER DRIVE, 19TH FLOOR WEST PALM BEACH, FL 33401	

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 	; Jason S. Haselkorn, Esq., Registered Agent 4/22/98

12. OFFICERS AND DIRECTORS	
TITLE D ☒ DELETE	NAME LEINER, MELVIN
STREET ADDRESS c/o Darren Marks, 2403 N Riverside Dr	CITY-ST-ZIP Pompano Beach, FL 33062
TITLE D ☒ DELETE	NAME MARKS, DARREN M.
STREET ADDRESS 2403 N Riverside Drive	CITY-ST-ZIP Pompano Beach, FL 33062
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

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: 	3/18/98 954-784-6310

3. Date Incorporated or Qualified 12/16/1997	
4. FEI Number	☒ 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	
10. Name and Address of New Registered Agent	
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE PD ☐ Change ☒ Addition	1.2 NAME LEINER, GLORIA L.
1.3 STREET ADDRESS 2403 N Riverside Drive	1.4 CITY-ST-ZIP Pompano Beach, FL 33062
2.1 TITLE VPDT ☐ Change ☒ Addition	2.2 NAME MARKS, SARAH T.
2.3 STREET ADDRESS 2403 N Riverside Drive	2.4 CITY-ST-ZIP Pompano Beach, FL 33062
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

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