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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P98000009489

TITLE

NAME

STREET ADDRESS

THE PROCESSING SOURCE, INC.

Principal Place	e of Business	Mailing Address						
11010 N DALE MABRY HWY STE 601 TAMPA FL 33618		11010 N DALE MABRY HWY STE 601 TAMPA FL 33618		DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed		
						01/29/1998		
2 Driveinel D	less of Business	2a. Mailing Address				4. FEI Number	Δn	plied For
		⊢	¬		59-3492336	<u> </u>	t Applicable	
		Suite, Apt. #, etc.				37-3792336		
— · · · · · · · · · · · · · · · · · · ·		⊢	¬ ' ' '		5. Certifcate of Status Desired Fee Required			
		City 9 State						·
City & Stat	⊢ ′	te .			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added t		
23	0	28	Coun	.+			•	<u>or ees</u>
Zip	Country	Zip	_	ıu y		8. This corporation owes the current year Ir	Yes	□No
24	25		30			Personal Property Tax. 10. Name and Address of New Registered		
	9. Name and Address of Current	Registered Agent	-	81	Name	To. Name and Address of New Registered	Agent	
CHA	DWICK DOREDT			•	Name			
CHADWICK, ROBERT 11020 N DALE MABRY HWY STE 601				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
TAMPA FL 33618				83				
	•		-				ne Zin i	Code
				84	City	FI	_ 85 Zip (-ode
11. Pursuant	to the provisions of Sections 607.0502	and 607,1508, Florida Statute	s, the ab	ove-	-named corpo	ration submits this statement for the nurnose of	f changing its	registered
office or r	registered agent, or both, in the State of	f Florida. Such change was au	thorized	by t	he corporation	als board of directors. I hereby accept the appoint	intment as re	gist ered
agent. i a	im familiar with, and accept the obligation	ons or, section 607,0303, Flor	iua Statu	163.		עולע	100	
SIGNATURE	Stginature, typed or printed name of registered agent	and title if sonlinable (NOTE:	Registered A	Agent	signature required	when reinstating) DATE	7/	
12.	OFFICERS AND	· · · · · · · · · · · · · · · · · · ·	13.	<u> </u>		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	. DELETE	1.1 TITL	-				
NAME	CHADWICK, ROBERT			-E	l		☐ Change	☐ Addition
STREET ADDRESS	11010 N DALE MABRY HWY ST				į.		☐ Change	☐ Addition
		E 601	1.2 NAM	νE	AUUDESS		Change	☐ Addition
CITY-ST-ZIP	• • • • • • • • • • • • • • • • • • •	E 601	1.2 NAM 1.3 STF	ME REET/	ADORESS		Change	☐ Addition
	TAMPA FL 33618		1.2 NAA 1.3 STF 1.4 CIT	ME REET/ Y-ST-	1			_
	TAMPA FL 33618	E 601	1.2 NAM 1.3 STF 1.4 CIT 2.1 TITE	ME REET/ Y-ST- LE	1		☐ Change	☐ Addition
NAME	TAMPA FL 33618 D ANZALONE, LAWRENCE	☐ DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM	ME REET/ Y-ST- LE ME	-ZIP			_
	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST	☐ DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF	ME Y-ST- LE ME REET,	-ZIP ADDRESS			_
NAME	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618	□ DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF 2.4 CIT	ME Y-ST- LE ME REET,	-ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D	☐ DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF	ME Y-ST- LE ME REET,	-ZIP ADDRESS			_
NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618	□ DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF 2.4 CIT	ME REET/ Y-ST- LE ME REET/ TY-ST LE	-ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT	E 601	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAM	ME REET / Y-ST- LE ME REET / TY-ST	-ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT	E 601	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAJ 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAM	ME REET/ Y-ST- LE ME REET/ TY-ST LE LE REET/	ADDRESS 1-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT 11010 N DALE MABRY HWY ST	E 601	1.2 NAM 1.3 STF 1.4 CIT 2.1 TITI 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STF	ME REET, Y-ST- LE ME REET, TY-ST LE ME REET, TY-ST	ADDRESS 1-ZIP ADDRESS		☐ Change	☐ Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT 11010 N DALE MABRY HWY ST TAMPA FL 33618	☐ DELETE TE 601	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAM 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAM 3.3 STF 3.4 CIT	ME Y-ST-LE ME REET, TY-ST LE ME NY-ST LE ME NY-ST LE	ADDRESS 1-ZIP ADDRESS		☐ Change	Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT 11010 N DALE MABRY HWY ST TAMPA FL 33618 D PATTON, RHONDA	E 601 DELETE TE 601 DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA	ME REET/ LE ME REET/ ME	ADDRESS 1-ZIP ADDRESS		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT 11010 N DALE MABRY HWY ST TAMPA FL 33618 D PATTON, RHONDA	E 601 DELETE TE 601 DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAV 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAV 3.3 STF 3.4 CIT 4.1 TITI 4.2 NA	ME REET, Y-ST- LE ME REET, Y-ST LE ME REET, Y-ST ME REET,	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		☐ Change	Addition
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NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT 11010 N DALE MABRY HWY ST TAMPA FL 33618 D PATTON, RHONDA 11010 N DALE MABRY HWY ST TAMPA FL 33618	E 601 DELETE TE 601 DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAW 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAW 3.3 STF 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAW	ME REET, Y-ST-LE ME REET, Y-ST LE ME REET, Y-ST LE ME REET, LE ME ME REET, ME ME REET, ME	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS		☐ Change	Addition Addition
NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE TITLE TITLE TITLE	TAMPA FL 33618 D ANZALONE, LAWRENCE 11010 N DALE MABRY HWY ST TAMPA FL 33618 D KANTER, SCOTT 11010 N DALE MABRY HWY ST TAMPA FL 33618 D PATTON, RHONDA 11010 N DALE MABRY HWY ST TAMPA FL 33618	E 601 DELETE TE 601 DELETE	1.2 NAM 1.3 STF 1.4 CIT 2.1 TIT 2.2 NAW 2.3 STF 2.4 CIT 3.1 TITI 3.2 NAW 3.3 STF 4.1 TITI 4.2 NA 4.3 STF 4.4 CIT 5.1 TITI 5.2 NAW	ME REET, Y-ST- LE ME REET, Y-ST LE ME REET, Y-ST LE ME REET, REET,	ADDRESS 1-ZIP ADDRESS 1-ZIP ADDRESS -ZIP ADDRESS		☐ Change	Addition Addition

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.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

□ DELETE

Change

Addition

FILED

May 01, 1999 8:00 am Secretary of State

05-01-1999 90016 017 ***150.00