

**FILED**  
**May 04, 1999 8:00 am**  
**Secretary of State**

05-04-1999 90167 023 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000034944**

1. Corporation Name  
**DIGITAL PAYROLL SYSTEMS, INC.**



Principal Place of Business  
 P.O. BOX 5333926  
 ORLANDO FL 32853-3926

Mailing Address  
 P.O. BOX 5333926  
 ORLANDO FL 32853-3926

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/15/1998

4. FEI Number

59-3507544

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional Fee Required

6. Election Campaign Financing

☐

\$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

2a. Mailing Address

21  
 Suite, Apt. #, etc.

26  
 Suite, Apt. #, etc.23  
 City & State27  
 City & State24  
 Zip25  
 Country28  
 Zip30  
 Country

9. Name and Address of Current Registered Agent

**TASE, TERRY M**  
**1509 E. CENTRAL BLVD**  
**ORLANDO FL 3281**

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

4/20/99

12. OFFICERS AND DIRECTORS

1.1 TITLE

**P TERRY M. TASE**  
**1509 E. CENTRAL BLVD**  
**Orlando, FL 32801**

☐ DELETE

CITY-ST-ZIP

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

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9.98 NAME

9.99 STREET ADDRESS

9.100 CITY-ST-ZIP

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/20/99 407-426-7477

Date

Daytime Phone #

CR2E034 (11/98)