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PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S17380** **(4)**

1. Corporation Name

PAY COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business	Mailing Address
101 S WYMORE RD STE 526 ALTAMONTE SPRINGS FL 32714 US	101 S WYMORE RD STE 526 ALTAMONTE SPRINGS FL 32714 US

3. Date Incorporated or Qualified: **12/10/1990**
3a. Date of Last Report: **04/21/1995**

	Principal Place of Business	Mailing Address
2. / 2a.	445 DOUGLAS AVENUE	445 DOUGLAS AVENUE
Suite, Apt. #, etc.	SUITE 2005-2	SUITE 2005-2
City & State	ALTAMONTE SPRINGS, FL	ALTAMONTE SPRINGS, FL
Zip / Country	32714 / USA	32714 / USA

4. FEI Number: **59-3039448** ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No MAYBE

9. Name and Address of Current Registered Agent

HOEPKER, TODD M.
200 S. ORANGE AVENUE
SUITE 2300
ORLANDO FL 32801

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 the Registered Agent - required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DPS BONGIORNO, SCOTT 324 SUNOAKS CT LAKE MARY FL	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DV ONG, THOMAS 2025 SENAMONTLE DR FT COLLINS CO	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP		☒ Change ☐ Addition
				6066 OBENCHAIN ROAD LAPORTE, CO 80535	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	T BONGIORNO, SCOTT 324 SUNOAKS CT LAKE MARY FL	☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP		☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: [signature] SCOTT M. BONGIORNO 1/24/96 (407) 774-8882

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)