

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

FILED

Apr 14 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 # S17380 (4)

1. Corporation Name
PAY COMMUNICATIONS OF AMERICA, INC.

Principal Place of Business

445 DOUGLAS AVENUE
SUITE 2005-2
ALTAMONTE SPRINGS FL 32714
US

Mailing Address

445 DOUGLAS AVENUE
SUITE 2005-2
ALTAMONTE SPRINGS FL 32714
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/10/1990

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 owes or has paid the current year intangible
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 324 SUN OAKS CT.

Suite, Apt. #, etc.

22

City & State

23 LAKE MARY, FL

Zip

24 32746

Country

25 U.S.A.

2a. Mailing Address

26 324 SUN OAKS CT.

Suite, Apt. #, etc.

27

City & State

28 LAKE MARY, FL

Zip

29 32746

Country

30 U.S.A.

9. Name and Address of Current Registered Agent

HOEPKER, TODD M.
~~2500 BAYVIEW AVE~~
~~SUITE 1400~~
~~ORLANDO FL 32801~~

10. Name and Address of New Registered Agent

81 Name

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

390 N. ORANGE AVENUE

83

SUITE 1800

84 City

ORLANDO

FL

85 Zip Code

32801

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

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME BONGIORNO, SCOTT

STREET ADDRESS 324 SUNOAKS CT

CITY-ST-ZIP LAKE MARY FL

TITLE ☐ DELETE

NAME ONG, THOMAS

STREET ADDRESS 8088 OBENCHAIN ROAD

CITY-ST-ZIP LAPORTE CO

TITLE ☐ DELETE

NAME BONGIORNO, SCOTT

STREET ADDRESS 324 SUNOAKS CT

CITY-ST-ZIP LAKE MARY FL

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

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

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

4/9/98

(407)330-5044

CR2E034 (10/97)