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

Mailing Address

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

S48776

National Payment Corporation

Principal Place of Business 100 W Kennedy Blvd

## **FILED** Mar 17 1998 8:00am Secretary of State

	Ste 260				DO NOT WRITE IN THIS SPACE		
<b>T</b>	ampa, FL 33602				3. Date Incorporated or Qualified 04/30/1991		
		2a. Mailing Address			4. FEI Number	Applied For	
21		26 100 W Kennedy Blvd		59-3063065	Not Applicable		
Suite, Apt. #, etc		Suite, Apt #, etc. 27 Ste 260		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State City & State					6. Election Campaign Financing	\$5.00 May Be	
23		28 Tampa, FL			Trust Fund Contribution	Added to Fees	
Zip			Countr	У	8. This corporation owes or has paid the current year intangible		
24	25   29   30   9. Name and Address of Current Registered Agent		30		Personal Property Tax due June 30. Yes No		
<del></del>	9. Name and Address of Curren	it Registered Agent	81	Name	10. Name and Address of New Registered A	jent .	
			]*'	Name			
Hamilton, George E 100 W Kennedy Blvd Ste 260				82 Street Address (P.O. Box Number is Not Acceptable)			
				<del> </del>		<del></del>	
Tampa, FL 33602				j			
			84	City	FL	85 Zip Code	
office or r	to the provisions of Sections 607 050; registered agent, or both in the State im familiar with, and accept the obliga	of Florida, Such change was at	uthorized bi	y the corpo	orporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	hanging its registered ntment as registered	
SIGNATURE	Signature: Typestine persos Framer of registered age	007	- 63				
12.	OFFICERS AND		13.	ani signature re	quired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AND I	DIRECTORS IN 12	
TITLE	T'	DELETE	1.1 TITLE	—Т	· · · · · · · · · · · · · · · · · · ·	Change Addition	
NAME ::	Hamilton, George E		1 2 NAME		·	_ onengo	
STREET ADDRESS	100 W Kennedy B		1 3 STREET	LADDRESS		ļ	
CITY-ST-ZIP			1.4 OffY-5			11	
TITLE	Tampa, FL 3360	DELETE	2.1 TITLE	,, <u>, , , , , , , , , , , , , , , , , ,</u>		Change Addition	
NAME	D		2.2 NAME	1			
STREET ADDRESS	Harkins, Jeilerson			r address			
CITY-ST-ZIP	100 W Kennedy Blvd Ste 260			ST - ZIP			
TITLE	Tampa, FL 3360	2 DELETE	3 1 TITLE			Change	
NAME			3.2 NAME				
STREET ADDRESS			3 3 STREET	ADDRESS			
CITY-ST-ZIP	<u> </u>		3.4. CITY -:	ST - ZIP		j	
TITLE		DELETE	4 1 TITLE			Change Addition	
NAME			4 2 NAME				
STREET ADDRESS			4 3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY-S	T - 7IP			
TITLE		☐ DELETE	5 1 TITLE			Change Addition	
NAME			5 2 NAME				
STREET ADDRESS			5.3 STREET	ADDRESS	()C 2	117	
CITY - ST - 7IP			5 4 CH1Y - S	T - ZIP		<u> ' /                                  </u>	
TITLE		☐ DELETE	61 TITLE	]		Change Addition	
NAME			6.2 NAME		<b>40</b> 000245939 -03/17/980104700	34	
STREET ADDRESS			6.3 STREET	ADDRESS		)3	
C(TY+ST-Z)P			64 CITY - S	1 - 71P	***150.00		

14. I bereby 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 a placement with an address.

SIGNATURE:

YPED OR PRINTED NAME OF SIGNING DEFICER OR DIRECTOR

Jefferson Harkins 3/5/98 813-222-0333 Daytime Pt