

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S57142 (9)

1. Corporation Name

CARD SYSTEMS, INC.

Principal Place of Business

Mailing Address

6408 W. LINEBAUGH AVE.
SUITE 106
TAMPA FL 33625-909
US

6408 W. LINEBAUGH AVE.
SUITE 106
TAMPA FL 33625-909
US



2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

3. Date Incorporated or Qualified

3a. Date of Last Report

06/05/1991

05/01/1995

4. FEI Number

Applied For

59-3068554

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MILLER, HAROLD H
6408 W LINEBAUGH AVE
SUITE 106
TAMPA FL 33625

81 Name GEORGE W. PHILLIPS
82 Street Address (P.O. Box Number is Not Acceptable)
14502 N. DALE MABRY
83 SUITE 200
84 City TAMPA
85 Zip Code FL 33618

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

George W. Phillips

7-23-96

Signature of person or persons registered agent and the applicable

(If the registered agent's signature is required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME MILLER, HAROLD H.
STREET ADDRESS 5708 PINEY LANE DRIVE
CITY-ST-ZIP TAMPA FL 44

TITLE S
NAME MILLER, PAMELA J.
STREET ADDRESS 5708 PINEY LANE DRIVE
CITY-ST-ZIP TAMPA FL 44

TITLE VP
NAME BINRGE, H JACK
STREET ADDRESS 6408 W LINEBAUGH AVENUE #108
CITY-ST-ZIP TAMPA FL 09

TITLE D
NAME REPH, GLENN A
STREET ADDRESS 9089 CLAIREMONT MESA BLVD
CITY-ST-ZIP SAN DIEGO CA

TITLE D
NAME LEIBOWITZ, MARK S
STREET ADDRESS 9089 CLAIREMONT MESA BLVD
CITY-ST-ZIP SAN DIEGO CA

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE S
1.2 NAME DON E. HARRINGTON
1.3 STREET ADDRESS 9089 CLAIREMONT MESA BLVD
1.4 CITY-ST-ZIP SAN DIEGO, CA 92123

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Harold H. Miller
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/26/96

(619) 576-2220 x101

15 7/26/96

CR2E034 (3/96)