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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90089 050 ***150.00

DOCUMENT # **V09939**

1. Corporation Name

STREET ADDRESS

PAYHOLI	L MANAGEMENT SOLUTION	IS, INC.			
Principal P ace	e of Business	Mailing Address	1	I land difficulty and the same	14 3 3 3 1 4 1 4 1 4 1 4 1 4 1 4 1 4 1 4
2451 MCMULLE	N BOOTH ROAD	P. O. BOX 238			
STE #239 OLDSMAR FL 34677 CLEARWATER FL 34619			DO NOT WRITE IN THIS SPACE		
US	FL 34619			3. Date Incorporated or Qualifed	
				01/29/1992	
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Aprilled For
21 17Z	Brighm Ct	26		59-3 102 180	Not Applicable
Suite, Apt.	Brigton Ct	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & 5 tate		City & State		6. Election Campaign Financing	\$5.00 li∕lay Be
23 544	ety Harbor,	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24 346	,95 25 USA		30	Personal Property Tax. 10. Name and Address of New Registe	
	9. Name and Address of Current	Registered Agent	81 Name		
SOT	TILE, BARBARA E.				ردم
	OAK TRAIL E. APT. 208		82 Street Ad	dress (P.O. Bo: Number is Not Acceptable)	
	ARWATER FL 33764		83	12 Brigton CF	
					FL 85 Zip Code 341,90
44 6	to the provisions of Sections 607.050'	and 607 1508. Florida Statute	s, the above-named co	rporation submits this statement for the purpos	e of changing its egistered
11. Pursuant	egistered agent or both in the State	of Florida, Such change was au	thorized by the corpora	ation's board of firectors. I hereby accept the a	ppointment as redistered
office or re	registered agent, or both, in the State of familiar with, and accept the obligation	of Florida. Such change was au	thorized by the corpora	ation's board of directors. I hereby accept the a	ppointment as registered
office or re	egistered agent, or both, in the State or familiar with, and a scept the obligat	of Florida. Such change was au rons of Section 607.0505. Flori	thorized by the corpora da Statutes.	ation's board of lirectors. I hereby accept the a	z: 2/9.9
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14. There by certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0 (3)(i), Florida Statutes. I further certify that the information indicaled on this annual report or supplemental annual report is true and accurate and that my signalure 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 chapter 1, or on an attachment with an address, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Lawrence M. Deluca 4/22/49 SIGNATURE: