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PROFIT CORPORATION ANNUAL REPORT



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

1996

| DOCUMENT # V20206 (1) | | | | | | | | | | | | | |
|--|--|---|--|-------------------------------------|--|------------------------------------|-----------------------------------|-----------------------|--|--|--|--|--|
| 1. Corporation Name | | | | | | | | | | | | | |
| | PAY-TE | l inter | NATIONAL, INC. | | I (EB)) BNOIC (SON DENC NAN DONE OXI BION OUT) BION OLEN BION BION BION BION | | | | | | | | |
| | | | | | | | | | | | | | |
| Principal Place of Business Mailing Address | | | | | | | | | | | | | |
| 1126 S FEDERAL HWY PH-1 | | | | | 1126 S FEDERAL HWY PH-1 | | | | | | | | |
| | | NLE FL 3331 | 16 | FT LAUDERDALE FL 33316 | | | | | | | | | |
| | | | | | | | | | 3. Date Incorporated or Qualified 03/09/1992 | | e of Last Re 8/07/19 9 | | |
| 2. P 21 | 2. Principal Place of Business | | | | 2a. Mailing Address | | | | | 4. FEI Number 65-0318509 | • | | Applied For Not Applicable |
| l S | Suite, Apt. #, etc. | | | | Suite, Apt. #, etc. | | | | | | 0 | | Additional |
| 22 | 22 | | | | 27 | | | | 5. Certificate of Status Desired | | | Required | |
| | City & State | | | | City & State | | | | | Election Campaign Financing Trust Fund Contribution | | | May Be |
| Zi | ip | Country | | | Zip Cou | | | | | This corporation has liability for intangible tax under | | | d to Fees 199.032, |
| 24 | | | | 29 | | | | | #1 1/1 # #1 day of breaks cooking | Florida Statutes Yes No | | | |
| Name and Address of Current Registered Agent | | | | | | | | | | 10. Name and Address of New | Registered | Agent | |
| LEWIS, DONALD J. | | | | | | | 81 | <u> </u> | ame | | | | |
| 1126 S FEDERAL HWY PH-1 | | | | | | | 82 83 | | treet Addre | eet Address (P.O. Box Number is Not Acceptable) | | | |
| FT LAUDERDALE FL 33316 | | | | | | | | | | | | | |
| | | | | | | | | C | ity | N | Fi | 85 Zip | p Code |
| 11. | Pursuant to | the provisi | ions of Sections 607.0502 | and 60 | 07.1508, Florida Sta | atutes, the | e above-r | l nam | ed corpora | tion submits this statement for the put of directors. I hereby accept the ap | | anging its r | egistered office |
| | familiar with | n, and acce | ept the obligations of, Sect | tion 607 | .0505, Florida Stati | utes. | ne corp | JŲ (AI | IIOH S DOME | or directors. Thereby accept the app | ontriient a: | s registereo | ragent. Fam |
| SIGN | NATURE | Sinnature typed | or printed name of registered agrin | t and title 1 | [enquesible | NOTE: Riv | istored Anor | cl sin | uali no roca siraci | when reinstahing) | DATE | | |
| 12. | | 3 | OFFICERS AN | | | I | 13. | | | ADDITIONS/CHANGES TO OF | | D DIRECTO | DR\$ IN 12 |
| TITLE | II. 1.1. 2 .// 1.1. | DC | | | DELETE 11 | | | 1 1 TITLE | | | | Change | Addition |
| NAME | ME LEWIS, DONALDD J REFI ADDRESS 1126 FED HWY PH-1 | | | 12 | | 1.2 NAME | | | | | | | |
| 1 | T ADDRESS | | | | | | 13 STREET | 1 ADD | HESS | | | | |
| - | ST-ZIP | STD | DERDALE FL | | - DELETE | | 14 CITY - S | \$1 - Zil | F | | | C 05 | F-1 Adam |
| TITLE NAME | | | EDANK A | | DELETE | | 2 1 TITLE 22 NAME | | | | | Change | ☐ Addition |
| | LEWIS, FRANK A 1126 S FED HWY PH-1 | | | | 2.3 STREET ADDRESS | | acée | | | | | | |
| 1 | ST-ZIP | | IDERDALE FL | | | | 24 CHY-S | | | | | | |
| TITLE | <u> </u> | | | | DELETE | | 3 1 THILE | | · | | | Change | Addition |
| NAME | | | | | | | 3.2 NAME | | | | | _ | _ |
| STREE | T ADDRESS | | | | | l | 33 STREE | T ADE | DRESS | | | | |
| CITY | ST-ZIP | | | | <u></u> | | 34 CHY-5 | ST - 71 | Þ | | | | |
| TITLE | | | | | DELETE | | 4. 1 TITLE | | | | | Change | Addition |
| NAME | | | | | | | 4 2 NAME | | | | | | |
| | T ADDRESS | | | | | | 43 STREET | | | | | | |
| TITLE | ST - ZIP | | | | DELETE | | 4.4 City - S 5. 1 Title | 51-/l | r- | | | Change | Addition |
| NAME | | | | | | | 5 2 NAME | | | | ' | | |
| ſ | T ADDRESS | | | | | | 53 STREET | 1 ADD | RESS | | | | |
| СПУ- | ST-ZIP | | | | | 1 | 5 4 CITY - S | | | | | | |
| THTLE | | | | | DELETE | | 6 1 TITLE | | | a a control for the first and a control control to the control to the control to the control to the control to | | Change | Addition |
| NAME | | | | | | | 6 2 NAME | | | | | | |
| STREE | T ADDRESS | | | | | ļ | 6.3 STREET | adda i | IRESS | | | | |
| | ST-ZIP | | | | | | 6.4 CITY - S | | | | | - , , - , - , - , - | |
| 14. | certify that oath; that I | y certify that the informa an an office | i the information stupplied ation indicated on this ann per or director of the corpo | with this ual report prations | s tiling is voluntarily In or supplemental In the receiver or tru | numished annual re justee em | and doe port is tru powered | es no ue a to e | ot quality fo nd accurate execute this | r the exemption stated in Section 11: e and that my signature shall have th report as required by Chapter 607, f | ย.บ/(ฮ)(k), Fk e same lega Florida Statu | orida Statut I effect as if tes; and tha | tes. I turther f made under at my name |

SIGNATURE:

5-20-96 76KA88