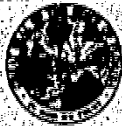


**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: \$228 (IF DISSOLVED, REISSUE AMOUNT DUE TO REISSUE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED

1995 JUL 13 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L51674 (4)

1. Corporation Name
MONEY MORTGAGE, INC.

Principal Place of Business
**10121 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US**

Mailing Address
**10121 W. SAMPLE RD.
CORAL SPRINGS FL 33065
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 02/16/1990	3a. Date of Last Report 06/21/1994
4. FEI Number 65-0215784	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
24 Zip	25 Country
28 Zip	30 Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
MANDEL, PAUL 10121 W. SAMPLE RD. CORAL SPRINGS FL 33065		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	FL 85 Zip Code

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 _____ DATE _____
Signature, typed or printed name of registered agent and fee # applicable. (NOTE: Registered Agent signature required when reissuing)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MANDEL, PAUL	1.2 NAME	MANDEL, PAUL
STREET ADDRESS	10121 W. SAMPLE RD.	1.3 STREET ADDRESS	10121 W. SAMPLE ROAD
CITY - ST - ZIP	CORAL SPRINGS FL	1.4 CITY - ST - ZIP	CORAL SPRINGS, FL
TITLE	DP	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNICK, DANIEL M	2.2 NAME	
STREET ADDRESS	10121 W. SAMPLE RD.	2.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	2.4 CITY - ST - ZIP	
TITLE	DP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNICK, DANIEL M	3.2 NAME	
STREET ADDRESS	10121 W. SAMPLE RD.	3.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	3.4 CITY - ST - ZIP	
TITLE	DP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PERNICK, DANIEL M	4.2 NAME	
STREET ADDRESS	10121 W. SAMPLE RD.	4.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS FL	4.4 CITY - ST - ZIP	
TITLE	V	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARBARA C BANAS	5.2 NAME	
STREET ADDRESS	10121 W SAMPLE RD	5.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL	5.4 CITY - ST - ZIP	
TITLE	V	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATRICIA L SOMMERER	6.2 NAME	
STREET ADDRESS	10121 W SAMPLE RD	6.3 STREET ADDRESS	
CITY - ST - ZIP	CORAL SPRINGS, FL	6.4 CITY - ST - ZIP	

14. I do hereby certify that the information furnished with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), 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 007, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment to this address.

SIGNATURE: **PAUL D MANDEL** *Paul D Mandel* 7-10-95 305-755-4663
SIGNATURE AND TYPED OR PRINTED NAME OF BRINGING OFFICER OR DIRECTOR (Date) (Phone/Fax #)

CFR2034 (3/95)