


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

FILED
Apr 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # 415228 (6) 1. Corporation Name FIRST MONEYSAVERS, INC.		

Principal Place of Business ONE INDEPENDENT SQUARE, SUITE 3000 JACKSONVILLE FL 32202	Mailing Address P.O. BOX 1180 MELBOURNE FL 32902
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country		3. Date Incorporated or Qualified 12/22/1972	4. FEI Number 59-1514507	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		
				\$8.75 Additional Fee Required \$5.00 May Be Added to Fees		

9. Name and Address of Current Registered Agent MCCOORMICK, NORMA W ONE INDEPENDENT SQUARE, SUITE 3000 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name WATKINS, HALEY 82 Street Address (P.O. Box Number is Not Acceptable) ONE INDEPENDENT SQUARE, SUITE 3000 83 84 City JACKSONVILLE FL 85 Zip Code 32202	
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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 Haley A. Watkins (NOTE: Registered Agent signature required when reinstating) DATE 4/14/98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	FUSILLO, PAUL	1.2 NAME	
STREET ADDRESS	440 S. HARBOR CITY BLVD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	1.4 CITY-ST-ZIP	
TITLE	S	2.1 TITLE	
NAME	FUSILLO, DULCIE A	2.2 NAME	
STREET ADDRESS	440 S. HARBOR CITY BLVD	2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby 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 an attachment with an address.

SIGNATURE Haley A. Watkins

CR2E034 (10/97)