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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 433588

MONEY MANAGEMENT CONSULTANTS, INC.

(1)

Principal Place of Business

Mailing Address

2500 E. HALLANDALE BEACH BOULEVARD HALLANDALE FL 35000

2500 E. HALLANDALE BEACH BOULEVARD HALLANDALE FL 33008-4834



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						•	3. Date Incorporated or Qualified 3a. Date of Last Report 08/23/1973 08/14/1996				
2. Principal F	Place of Business	2a. Mailing Address	2a. Mailing Address				4. FEI Number			plied For	
21	26						59-1485818			ot Applicable	
Suite Apt.	Suite, Apt. #, etc. Suite, Apt. #, et									Additional	
22		<del>                                      </del>	27				5. Certificate of Status Desired		Fee Re	I	
City & Stat	te	City & State					6. Election Campaign Financing			<u>'</u>	
23		28	28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				Country			8. This corporation has liability to		• • • • • • • • • • • • • • • • • • • •		
24	25 29 30			1				Yes [		. 199.032,	
9. Name and Address of Current Registered Agent					10. Name and Address of New Registered Agent						
LINDA, CALVIN E.						ne					
2500 E. HALLANDALE BEACH BLVD.											
		82 Street Address (P.O. Box Number is Not Acceptable)									
, ,	LANDALE FL 33009			83			יברוחוחויק	<del></del>	427	<u>   `-`</u>	
$A_1$							-07/23	17970	1116	008 🖳	
	•			84	City		****1		<b>神時</b> 神神[		
11 Durament	to the provisions of Continue 607.056	00 and 007 1500. Florida Birt	des the st					<u> </u>			
office or	to the provisions of Sections 607.050 registered agent, or both, in the State	of Florida. Such change was	ites, me ai authorize	pove d by	the corp	corpo oratio	ration submits this statement for the n's board of directors. Fhereby acc	purpose or opt the app	cnanging it ointment as	s registered registered	
agent. La	am familiar with, and accept the oblig	ations of, Section 607.0505, F	lorida Stat	utes	i		•			Ĭ.,	
SIGNATURE											
12.	Signature, typed or printed name of registered age		TE: Registere	d Age	nt signature	requiren	when reinstating)  ADDITIONS/CHANGES TO OFF	DATE	DIDECTOR	e iN so	
TITLE	OFFICERS AND DIRECTORS  DELETE						ADDITIONS/CHANGES TO OFF	CERS AND	Change	Addition	
NAME	LINDA, CALVIN E	occor	1,2 N						LJ Gliange	Addition	
	2500 È HALLANDALE BEACH										
STREET ADDRESS	HALLANDALE FL	,	· ·		ADDRESS					1	
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								Change	Addition		
NAME			2 2 NA							]	
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CITY-ST-ZIP		T DOCUMENT			Y-ST-ZIP		···				
TITLE		☐ DELETE			ľ				☐ Change	Addition	
NAME			3.2 NA								
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CITY-ST-ZIP				3.4. CITY - ST - ZIP							
TITLE		☐ DELET <b>E</b>	4.1 THTLE					☐ Change	Addition		
NAME •			4. 2 N	AMÉ							
STREET ADDRESS	XORESS			4.3 STREET ADDRESS							
CITY-ST-TP				4.4 CITY - S1 - ZIP				·····			
TITLE	☐ DELETE :			5.1 TITLE					☐ Change	Addition	
NAME	5.2			ME							
STREET ADDRESS	RESS 5.3			REET A	ADDRESS						
CITY-ST-ZIP				1Y-S1	- 7IP						
TITLE	. DELETE 6.1			LE					Change	☐ Addition	
NAME			6.2 NA	ĺ				//7X\			
STREET ADDRESS			6.3 \$11					/	([ ] [ ] [ ]		
CITY-ST-ZIP		6.4 CI	6.4 CITY - ST - ZIP				(	M			
	by cartify that the information supplies	d with this filing does not oue				ni hate	Section 119 07/3Vi) Florida Statut	oc I furtho	a la	lba	

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 12 or Block 13 if changed, or on an attachment with an address.

PJ. 2

## Money Management Consultants, Inc.

Investment Counselors
Comprehensive Financial Management

BUITE 707
2500 E. HALLANDALE BEACH BLVD.
HALLANDALE, FLORIDA 33009
TEL: 954-458-2080

July 17, 1997

Division Of Corporations ATTN: Annual Reports P. O. Box 6327 Tallahassee, Fl. 32314

Please excuse the late filing, due to having a heart attack and bypass surgery I have been unable to file by the due date.

I'm a one man office with no employees and not being able to be in the office I'm requesting your consideration in foregoing the late fee.

Enclosed is check for \$165.00.

Thank you for your consideration in this matter.

Your, truly,

Calvin E. Linda

President