FILENOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 620201

(4)

THE MONEY TREE ENTERPRISES INC.

FILED
May 02 1997 8:00am
Secretary of State

Pr	inclpal Place of Business	Mailing Address			L 1643/4 Bille Hels Belle timit belat gebt etett etett etett etett etett	
3297 NW 7TH AVE MIAMI FL 33127		3297 NW 7TH AVE MIAMI FL 33127-3301				
					3. Date Incorporated or Qualified 04/19/1979	3a. Date of Last Report 04/30/1996
2.	Principal Place of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21		26			59-1908934	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
24	Zip Country	Ζφ 29	Gountry 30		8. This corporation has liability for Florida Statutes	ntangible tax under s. 199.032, K Yes ☐ No
g. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent		
EDMONDS, ROBERT M				Name		
	2065 N HIBISCUS DR		82 Stre		Street Address (P.O. Box Number is Not Acceptable)	
	N MIAMI FL 33181		83			
			84	City		85 Zip Code

11. Pursuant to the provisions of Sections 007.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered

office or registered agent, or bolti, in the State of florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Fam familiar with, and accept the obligations of, Section 607.0505, Florida \$tatutes. SIGNATURE (NOTE Hegicle red Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. Change Addition DELETE TITLE EDMONDS, EDWIN J 1.2 NAME NAME 3297 NW 7TH AVE STREET ADDRESS 1,3 STREET ADDRESS MIAMI, FL 00000 1,4 CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 2111111 **EDMONDS. ROBERT M** 2 2 NAME NÁME 3297 NW 7TH AVE 2.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 2, 4 City - St - ZiP DELFTE Change Addition 3 1 1111 E TITLE **EDMONDS, ROBERT M** 3.2 NAME NAME 3297 NW 7TH AVE 3.3 STREET ADDRESS STREET ADDRESS MIAMI, FL 00000 CITY-ST-ZIP 34. CDY - S1- ZIF Change Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4,4 CHY-\$1, ZIP CITY-ST-ZIP Change Addition DELETE 51 UTLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CiTY - ST - 7/P CITY-ST-ZIP DELETE Change ___ Addition 6 1 1BLE TITLE 6.2 NAME NAME

14. I do 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 trusted 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 a stitaction of the receiver of the corporation of the receiver of trusted empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name

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