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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90075 006 \*\*\*150.00

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## DOCUMENT # 649931

MONEY-PLAN INTERNATIONAL, INC.

•				
Principal Place	e of Business	Mailing Address		(
3140 W KENNEDY BLVD		3140 W KENNEDY BLVD		
TAMPA FL 33609		TAMPA FL 33609		DO NOT WRITE IN THIS SPACE
us .		US		3. Date Incorporated or Qualifed
				12/31/1979
2 Deinainal Di	lace of Business	2a. Mailing Address		4. FEI Number Applied For
Z. FIINCIPALFI 7	lace of Busiliess	26		59-1976603 Not Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.		_ \$8.75 Additional
22		27		5. Certificate of Status Desired Fee Required
City & State		City & State		6. Election Campaign Financing \$5.00 May Be
3		28		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
4	25	29	o	Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
			81 Name	
DREWES, JOHN G		82 Street Add		Address (P.O. Box Number is Not Acceptable)
3140 W KENNEDY BLVD				
TAMPA FL 33609			83	<i>;</i>
	•		84 City	FL 85 Zip Code
44 5		and 607 1509 Elected Statutos	the above name	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
agent. La	m familiar with, and accept the obligation	ions or, Section 607.0505, Florid	a Statutes.	equired when reinstating) DATE
12.	Signature, typed or printed name of registered agent OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	DELETE	1.1 TITLE	☐ Change Addition
NAME	DREWES, JOHN G		1.2 NAME	
STREET ADDRESS	ALA ELLI GULLI COURT ME		1,3 STREET ADDRESS	
CTTY-ST-ZIP	ST. PETERSBURG FL		1.4 CITY-ST-ZIP	33793
TITLE	VSD	☐ DELETE	2.1 TITLE	☐ Change Addition
NAME	FISHER, STEVEN D.		2.2 NAME	<b>1</b>
STREET ADDRESS	AGAG GUODE LEAC AN ME		2.3 STREET ADDRESS	<b>.</b>
CITY-ST-ZIP.	ST. PETERSBURG FL		2.4 CITY-\$T-ZIP.	33703
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS	,		3.3 STREET ADDRES	}
CITY-ST-ZIP			3.4. CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME .	,		4. 2 NAME	
STREET ADDRESS		, .	4.3 STREET ADDRES	
CITY-ST-ZIP	<u> </u>		4.4 CITY+ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	Change Addition
NAME			5.2 NAME	{
STREET ADDRESS	1			
O INCL I ADDINESS			5.3 STREET ADDRES	
	<u> </u>		5.4 CITY-ST-ZIP	
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition
CITY-ST-ZIP		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME	∴ Change ☐ Addition
City-st-zip		☐ DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	☐ Change ☐ Addition

Indicated on this annual report or supplied who has ming does not qualify for the exemption stated in Section 119.0/(3/ii), Florida Statutes. I further certify that the informati 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, with all other like empowered.

SIGNATURE: