


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

**FILED**  
**Jan 26 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F52232 (8)**  
 1. Corporation Name  
**THE MONEY TREE OF MELBOURNE, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business C/O ROBERT S. PALMER 2527 S. HARBOR CITY BLVD. MELBOURNE FL 32901	Mailing Address C/O ROBERT S. PALMER 2527 S. HARBOR CITY BLVD. MELBOURNE FL 32901
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3. Date Incorporated or Qualified <b>11/03/1981</b>	4. FEI Number <b>59-2156869</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

2. Principal Place of Business 21 <b>2527 S. Harbor City Blvd</b>	2a. Mailing Address 26 <b>SAME</b>
Suite, Apt. #, etc. 22 <b>0</b>	Suite, Apt. #, etc. 27 <b>---</b>
City & State 23 <b>MELBOURNE FL</b>	City & State 28 <b>---</b>
Zip 24 <b>32957</b>	Country 25 <b>USA</b>
29 <b>---</b>	30 <b>---</b>

9. Name and Address of Current Registered Agent <b>PALMER, ROBERT S. 2527 S. HARBOR CITY BLVD. MELBOURNE FL</b>	81 Name <b>SAME AGENT</b>
	82 Street Address (P.O. Box Number is Not Acceptable)
	83
	84 City <b>FL</b>
	85 Zip Code

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
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 *R.S. Palmer* DATE **1/19/98**  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>PALMER, DEBORAH J</b>	
STREET ADDRESS <b>2527 S HARBOR CITY BLVD</b>	
CITY - ST - ZIP <b>MELBOURNE, FL 00000</b>	
TITLE <b>PD</b>	<input type="checkbox"/> DELETE
NAME <b>PALMER, ROBERT S.</b>	
STREET ADDRESS <b>2527 S HARBOR CITY BLVD</b>	
CITY - ST - ZIP <b>MELBOURNE, FL 00000</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>EDMONDS, CHARLOTTE J</b>	
STREET ADDRESS <b>3297 NW 7TH AVE</b>	
CITY - ST - ZIP <b>MIAMI, FL 00000</b>	
TITLE <b>D</b>	<input type="checkbox"/> DELETE
NAME <b>EDMONDS, EDWIN J</b>	
STREET ADDRESS <b>3297 NW 7TH AVE</b>	
CITY - ST - ZIP <b>MIAMI, FL 00000</b>	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *R.S. Palmer* DATE **1/19/98** **407/724-1910**

CR2E034 (10/97)