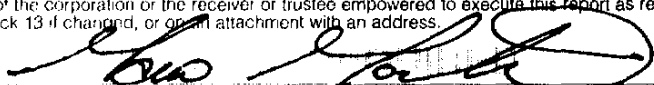


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # F86523 (0)					
1. Corporation Name MONEY CONCEPTS CAPITAL CORP.					
Principal Place of Business 1208 U. S. HIGHWAY ONE N PALM BCH. FL 33408-0540			Mailing Address 1208 U. S. HIGHWAY ONE N PALM BCH. FL 33408-3502		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/23/1982	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3a. Date of Last Report 01/25/1996	
22 City & State		27 City & State		4. FEI Number 59-2268067	
23 Zip		28 Zip		Applied For Not Applicable	
25 Country		30 Country		5. Certificate of Status Desired ☒ \$8.75 Additional Fee Required	
2. Principal Place of Business		2a. Mailing Address		6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No	
22 City & State		27 City & State		8. Name and Address of Current Registered Agent	
23 Zip		28 Zip		81 Name WALSH, DENIS	
25 Country		30 Country		82 Street Address (P.O. Box Number is Not Acceptable) 1208 U. S. HIGHWAY ONE	
2. Principal Place of Business		2a. Mailing Address		83 N PALM BCH. FL 33408	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		84 City FL	
22 City & State		27 City & State		85 Zip Code	
23 Zip		28 Zip		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.	
25 Country		30 Country		SIGNATURE _____ Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)	
2. Principal Place of Business		2a. Mailing Address		DATE _____ (NOTE: Registered Agent signature required when reinstating)	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		12. OFFICERS AND DIRECTORS	
22 City & State		27 City & State		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
23 Zip		28 Zip		1.1 TITLE ☐ Change ☐ Addition	
25 Country		30 Country		1.2 NAME ☐ Change ☐ Addition	
2. Principal Place of Business		2a. Mailing Address		1.3 STREET ADDRESS ☐ Change ☐ Addition	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		1.4 CITY-ST-ZIP ☐ Change ☐ Addition	
22 City & State		27 City & State		2.1 TITLE ☐ Change ☐ Addition	
23 Zip		28 Zip		2.2 NAME ☐ Change ☐ Addition	
25 Country		30 Country		2.3 STREET ADDRESS ☐ Change ☐ Addition	
2. Principal Place of Business		2a. Mailing Address		2.4 CITY-ST-ZIP ☐ Change ☐ Addition	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		3.1 TITLE ☐ Change ☐ Addition	
22 City & State		27 City & State		3.2 NAME ☐ Change ☐ Addition	
23 Zip		28 Zip		3.3 STREET ADDRESS ☐ Change ☐ Addition	
25 Country		30 Country		3.4 CITY-ST-ZIP ☐ Change ☐ Addition	
2. Principal Place of Business		2a. Mailing Address		4.1 TITLE ☐ Change ☐ Addition	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4.2 NAME ☐ Change ☐ Addition	
22 City & State		27 City & State		4.3 STREET ADDRESS ☐ Change ☐ Addition	
23 Zip		28 Zip		4.4 CITY-ST-ZIP ☐ Change ☐ Addition	
25 Country		30 Country		5.1 TITLE ☐ Change ☐ Addition	
2. Principal Place of Business		2a. Mailing Address		5.2 NAME ☐ Change ☐ Addition	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		5.3 STREET ADDRESS ☐ Change ☐ Addition	
22 City & State		27 City & State		5.4 CITY-ST-ZIP ☐ Change ☐ Addition	
23 Zip		28 Zip		6.1 TITLE ☐ Change ☐ Addition	
25 Country		30 Country		6.2 NAME ☐ Change ☐ Addition	
2. Principal Place of Business		2a. Mailing Address		6.3 STREET ADDRESS ☐ Change ☐ Addition	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		6.4 CITY-ST-ZIP ☐ Change ☐ Addition	
22 City & State		27 City & State		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 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.	
23 Zip		28 Zip		SIGNATURE: 	
25 Country		30 Country		3/6/97 (56) 627-0700	
2. Principal Place of Business		2a. Mailing Address		0301476	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		28 Zip			
25 Country		30 Country			

CR2E034 (9/96)