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

officer or director of the corporation of the receiver or trustee empowered to Block 12 or Block 13 if changed, or on an attachment with an address.

PROFIT May 19 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT #
1. Corporation Name F86523 (O) MONEY CONCEPTS CAPITAL CORP. Principal Place of Business Mailing Address 1208 U. S. HIGHWAY ONE 1208 U. S. HIGHWAY ONE N PALM BCH. FL 33408-0540 N PALM BCH. FL 33408-0540 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/23/1982 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2268067 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired \square 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Yes Yes 24 25 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent WALSH, DENIS A1 Name 1208 U. S. HIGHWAY ONE 82 Street Address (P.O. Box Number is Not Acceptable) N PALM BCH. FL 33408 83 84 City 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 Horida. 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 Signature, typed or printed name of registered agent and title if applicable (NOTI Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE ☐ Change Addition TITLE 1.1 TITLE MONTEIRO, MARIO J. NAME 1.2 NAME 1208 U.S. HIGHWAY ONE STREET ADDRESS 1.3 STREET ADDRESS N PALM BCH. FL CITY-ST-ZIF 1.4 CITY-ST-ZIP STD DELETE Change Addition TITLE 2.1 TITLE WALSH, DENIS S. NAME 2.2 NAME 1208 U. S. HIGHWAY ONE STREET ADDRESS 2.3 STREET ADDRESS N PALM BCH. FL CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE WALSH, DENIS S. NAME 3.2 NAME 1208 U. S. HIGHWAY ONE STREET ADDRESS 3.3 STREET ADDRESS N PALM BCH. FL CITY-ST-ZIF 3.4 CITY-ST-ZIP DELETE TITLE 4.1 TITLE ☐ Change Addition WALSH, JOHN P NAME 4.2 NAME 1208 U. S. HIGHWAY ONE STREET ADDRESS 4.3 STREET ADDRESS N PALM BCH. FL CITY-ST-ZIF 4.4 CITY-ST-ZIF DELETE ☐ Change Onitibba TITLE 5.1 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP 111LE DELETE 6.1 TITLE Change Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. Thereby 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 eath; 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

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5/01-1022-020

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