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

DOCUMENT # F86523

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 33408-0540

99 JAN 15 PM 2:37

SECRETARY OF STATE ALLAHASSSE FLOOR

					DO NOT WRITE IN THIS SPACE			
			3.	3. Date Incorporated or Qualifed				
	700	_	·		06/23/1982			
2. Principal Place of Business	2a. Mailing Address			4.	FEI Number		Applied For	
21	26			_	59-2268067		Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certificate of Status Desired		75 Additional e Required	
City & State	City & State				Election Campaign Financing Trust Fund Contribution		00 May Be ded to Fees	
Zip Country 24 33408 - 3540 25	29 33408-3540 30	·			This corporation owes the current year In Personal Property Tax.	ntangible Yes	₩.	
Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
WALSH, DENIS 1208 U. S. HIGHWAY ONE		82 Street Address (P.O. Box Number is Not Acceptable)						
N PALM BCH. FL 33408		83						
			City		FI FI	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	Signature, typed or printed name of registered agent and little if app	olicable. (NOTE: R	egistered Agent signature o	required when reinstating)		DATE		
12.	OFFICERS AND DIRECTO		13.		CHANGES TO OF		D DIRECTOR	RS IN 12
TITLE	V	☐ DELETE	1.1 TITLE			·	☐ Change	Addition
NAME	MONTEIRO, MARIO J.		1.2 NAME					
STREET ADDRESS	1208 U.S. HIGHWAY ONE		1.3 STREET ADDRESS	1	00002	747	301-	
CITY-ST-ZIP	N PALM BCH. FL		1.4 CITY-ST-ZIP				10270	
TITLE	STD	☐ DELETE	2.1 TITLE		***** <u>1</u>	58.75	WARRIED S	,⊖
NAME	Walsh, Denis S.		2.2 NAME					
STREET ADDRESS	1208 U. S. HIGHWAY ONE		2.3 STREET ADDRESS					
CITY-ST-ZIP	N PALM BCH. FL		2. 4 CITY-ST-ZIP					
TITLE	Р	☐ DELETE	3.1 TITLE			<u>-</u>	Change	☐ Addition
NAME	Walsh, Denis S.		3.2 NAME					
STREET ADDRESS	1208 U. S. HIGHWAY ONE	1	3.3 STREET ADDRESS					
CITY-ST-ZIP	N PALM BCH. FL		3.4. CITY-ST-ZIP	_				
TITLE	D	☐ DELETE	4.1 TITLE			<u>-</u>	☐ Change	☐ Addition
NAME	Walsh, John P		4. 2 NAME					
STREET ADDRESS	1208 U. S. HIGHWAY ONE		4.3 STREET ADDRESS					
CITY-ST-ZIP	N PALM BCH. FL		4.4 CITY-ST-ZIP	_				
TITLE		☐ DETELE	5.1 TITLE			_	☐ Change	Addition
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS	i				
CTY-ST-ZIP			5.4 CITY-ST-ZIP	_				
TITLE		☐ DELETE .	6.1 TITLE				☐ Change	☐ Addition
NAME			6.2 NAME		ſ		_	
STREET ADDRESS			6.3 STREET ADDRESS	1 1/1·	$\leq GG $	αa	126/	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	10. 1/1:	2179	-1-1	Y W C	

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 truetee 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 effect memory states.

SIGNATURE: