## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Morthain
Secretary of State
DIVISION OF CORPORATIONS

1996

MONE	n Namo E <b>Y PLANS, INC</b> .	03 (2)		14881118 6(6) 41841 1811 1811 1811	
Principal Place	o of Rusinass	Mailing Address			
Principal Place of Business  RT. 6 BOX 456		· ·			
OUINCY FL 32351		RT. 6 BOX 456 Quincy FL 32351			
				3. Date incorporated or Qualified	3a. Date of Last Report
				06/05/1986	04/17/1995
2. Principal Pli 1	ace of Business	2a. Mailing Address 26		4, FEI Number	Applied For
Suite, Apt.	#, etc.	Surte, Apt. #, etc.		59-2683567	Not Applicable  \$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State	9	City & State		6. Election Campaign Financing	\$5.00 May Be
<b>3</b> Zip	Country	<b>28</b> ]	Country	Trust Fund Contribution	Added to Fees
4	25	29	30	8. This corporation has liability for in Florida Statutes Yes	Intangible tax under s 199.032,
	g. Name and Address of Curre			10. Name and Address of New R	legistered Agent
			81 Name		
FEAVER, MARYLYN M. RT 6 BOX 456			82 Street Add	dress (P.O. Box Number is Not Acceptab	ole)
			83		
QUINC	Y FL 32351		63		
			84 Oity		FL 85 Zip Code
			ized by the corporation's boa is	oration submits this statement for the pur ard of directors. I hereby accept the appo	ointment as régistered agent. Lam
SIGNATURE	Squatize typed or prodet care of regeleror age	stautterappase (	ized by the corporation's books  with Hopewort April signification report  13.	ard of directors. I hereby accept the appx	ointment as régistered agent. I am  IMIL ICERS AND DIRECTORS IN 12
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14. To nereby certify that the information supplied with this ling is voluntary furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Ffurther certify that the information indicated on this annual report or suppliemental 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 busted 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

May THE OR PRINTED HAME OF SIGNING OFFICER OR DIRECTOR

431/96 (904)627-8433

72E034 (12/95)