FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 MAY -1 AM 8:40
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J73877** **(9)**

1. Corporation Name
THE MONEY SOURCE, INC.

Principal Place of Business	Mailing Address
821 DOUGLAS AVE SUITE 183 ALTAMONTE SP 32714-5210 US	821 DOUGLAS AVE SUITE 183 ALTAMONTE SPRINGS FL 32714-5210 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **05/18/1987**
3a. Date of Last Report: **03/04/1994**

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. #, etc. — 22
Suite, Apt. #, etc. — 27
City & State — 23
City & State — 28
Zip — 24
County — 25
Zip — 29
County — 30

4. FEI Number: **59-2812254** ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BROWN, MARCUS E. AND DEBORAH L.
821 DOUGLAS AVE
SUITE 183
ALTAMONTE SPRINGS FL 32714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	VP ☐ Change ☒ Addition
NAME	BROWN, MARCUS E.	1.2 NAME	TOMLJENOVICH, Gary P.
STREET ADDRESS	821 DOUGLAS, AVE SUITE 183	1.3 STREET ADDRESS	3532 S. Atlantic Avenue, Suite 208
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	1.4 CITY-ST-ZIP	New Smyrna Beach, FL 32169
TITLE	SD	2.1 TITLE	VP ☐ Change ☒ Addition
NAME	BROWN, DEBORAH L.	2.2 NAME	EDENFIELD, Gloria
STREET ADDRESS	821 DOUGLAS AVE SUITE 183	2.3 STREET ADDRESS	2290 S. Volusia Avenue, Suite F-1
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	2.4 CITY-ST-ZIP	Orange City, FL 32763
TITLE	VP	3.1 TITLE	☐ Change ☐ Addition
NAME	RUEDLINGER, AIME A	3.2 NAME	
STREET ADDRESS	821 DOUGHLAS AVE SUITE 183	3.3 STREET ADDRESS	
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 above, or on an attachment with an address.

SIGNATURE: Marcus E. Brown MARCUS E. BROWN 4/28/95 (407) 788-0300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

000003 OF