

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K61450 (8)**

1. Corporation Name
MONEY MATTERS, INC.



Principal Place of Business: 10400 GRIFFIN RD SUITE 304 COOPER CITY FL 33328 US
Mailing Address: 10400 GRIFFIN RD SUITE 304 COOPER CITY FL 33328 US

3. Date Incorporated or Qualified: 01/20/1989
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business: 21 11615 SW 50 CT, Suite, Apt. #, etc. 22
2a. Mailing Address: 26 5722 S. Flamingo Rd, Suite, Apt. #, etc. 27 #236
23 City & State: Cooper City FL 28 City & State: Cooper City FL
24 Zip: 33330 25 Country: USA 29 Zip: 33330 30 Country: USA

4. FEI Number: 65-0101525 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: KUHLMAN, ELIZABETH 11615 SW 50TH CT. COOPER CITY FL 33330
10. Name and Address of New Registered Agent: 81 Name, 82 Street Address (P.O. Box Number is Not Acceptable), 83, 84 City, 85 Zip Code: FL

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: Elizabeth Kuhlman President 4-29-96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P KEIGHTLEY, ELIZABETH	1.1 TITLE	President
NAME	11615 SW 50TH CT.	1.2 NAME	Kuhlman, Elizabeth
STREET ADDRESS	COOPER CITY FL	1.3 STREET ADDRESS	11615 SW 50th Ct
CITY-ST-ZIP		1.4 CITY-ST-ZIP	Cooper City FL 33330
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	500001834205
CITY-ST-ZIP		5.4 CITY-ST-ZIP	-05/22/96--01028--045
TITLE		6.1 TITLE	***200.00
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)(k), 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.

SIGNATURE: Elizabeth Kuhlman 4-29-96 954 680 1570
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)