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PROFIT CORPORATION ANNUAL REPORT

Principal Place of Business

8457 W OAKLAND PARK BLVD

appears in Block 12 or



FLORIDA DEPARTMENT OF STATE

**FILED** 

Mar 11 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997

DOCUMENT # L41555

1. Corporation Name

(8)

8457 W OAKLAND PARK BLVD

Mailing Address

FLORIDA MONEY MANAGEMENT GROUP, INC.

SUNRISE FL 33351			SUNRISE FL 33351-7363			·					
							3. Date incorporated 01/08/1990	or Qualified	3a. Date of 05/01/		port
2. Principal Place of Business			L	28. Mailing Address			4. FEI Number			Ap	olied For
4300 N. University Drive				4300 N. Uny	ersity	Drive	65-0163328			Not	Applicable
Suite, Apt. #, etc.				Suite, Apt. #, etc.			5. Certificate of State	us Desired			dditional
	-203		27	D-203			2. Commodio di Cian			Fee Re	quired
City & State				City & State			6. Election Campaign	-		5.00	
	hill,	Florida		Lauderh111,			Trust Fund Contrit	<del></del>		Added to	
Zip	}	Country	<del></del>	Zip	Country		8. This corporation h				199.032,
24 33351		25 USA and Address of Curre	29	33351	30 USA	<b></b>	Florida Statutes  10. Name and Addre		Yes No		· · · · · · · · · · · · · · · · · · ·
naa		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	aur veðisu	ered Agent	B1	Name	TU. Name and Addre	ss of New negi	stelan võel	11	
	ENTHAL, S				Ľ.	, , , , , ,	•				
		ND PARK-BLVD					dress (P.O. Box Number is Not Acceptable)				
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					~		te D-203				
					84	City			grang   85	Zip C	ode
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statute							derhill,		FL   "	333	
office or re	o trie provisi ogistered ag	ons or Sections 607.05 ent_or both, in the Stat	ouz and 60 te of Florida	7.1508, Florida Statu a. Such change was	ities, the abov authorized b	re-named co y the corpor	rporation submits this state ation's board of directors.	ement for the pur I hereby accept	rpose or cna the appointn	ing⊮ng its nent as i	registerea registered
agent Lar	n tamiliar wi	h, and accept the obt	gations of,	Section 607.0505, F	lorida Statute	is.					
SIGNATURE _						· · · · · · · · · · · · · · · · · · ·	**************************************				
	Signature typed	or printed name of registered a OFFICERS AI			TE Registered Ag	ent aignature req	uired when reinstating)  ADDITIONS/CHANG	OES TO OFFICE	DATE DC AND DID	ECTOR	2 (6) 40
12.	PTD	OFFICERS A	IND DIME.G				ADDITIONS/CHAIN	GES TO OFFICE			Addition
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