FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Sccretary of State DIVISION OF CORPORATIONS

DOCUMENT # L41555

(8)

1. Corporation	NA MONEY MANAGEMENT G	ROUP, INC.			
Principal Place	e of Business	Mailing Address			EL BLON OIDIL BIBIT BIBIT IDDI
D203		4300 N UNIVERSITY DI	3		
				DO NOT WRITE IN THIS SPACE	
LAUDERHILL FL 33351 US		LAUDERHILL FL 33351 US		3. Date Incorporated or Qualified	
00		V		01/08/1990	
2. Principal P	lace of Business	2a, Mailing Address		4. FEI Number	Applied For
21		26		65-0163328	Not Applicable
Suite, Apt	#, etc	Suite, Apt. #, etc.			\$8.75 Additional
22		27		5. Certificate of Status Desired L.	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23		28	T	Trust Fund Contribution	Added to Fees
Zip 1	Country	Ζφ ==1	Country	8. This corporation owes or has paid the c	_ · _ ·
24	25] 9. Name and Address of Current	29 Registered Agent	30	Personal Property Tax due June 30. 10. Name and Address of New Registered	Yes No
PΛ	SENTHAL, STANLEY	Tiogram of Tigoth	81 Name	IO. Harris and Advances of Horizontal	- ~ -
	DO N UNIVERSITY DR				
STE D203			82 Street Add	fress (P.O. Box Number is Not Acceptable)	
	UDERHILL FL 33351		63		
					leal 7: 6.4
			84 City	Fi	85 Zip Code
SIGNATURE	Signature, typed or presed name of registers Lagen OFFICERS AND		OIL: Registered Agent signature requ	used when reinstalling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ND DIRECTORS IN 12
TITLE	PTD	☐ DELE1E	1.1 TITLE		Change Addition
NAME	ROSENTHAL, STANLEY		1.2 NAME	•	
STREET ADDRESS	3297 INVERRARY BLVD., W.		1.3 STREET ADDRESS		
CHTY-ST-ZIP	LAUDERHILL FL		1.4 CITY - ST - ZIP		
TITLE	VSD	DELETE	2.1 TITLE		Change Addition
NAME	ROSENTHAL, MARLENE		2.2 NAME		
STREET ADDRESS	3297 INVERRARY BLVD., W		2.3 STREET ADDRESS		
CITY-ST-ZIP	LAUDERHILL FL	DELETE	2.4 CITY · ST - ZIP		Change Addition
TITLE		ריי מנונוג	3.1 TIPLE		Ti ourside Ti vingiliou
NAME STREET ADDRESS			3.2 NAME 3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		- -
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5 1 TITLE		Change Addition
NAME			. 52 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY - ST - ZIP	 		5.4 CITY-ST-ZIP		
TITLE	•	DECETE	6.1 TITLE		Change Addition
NAME	ı		6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		•
CITY+ST-ZIP			6.4 CITY - ST - ZIP		

14. Thereby certify that the information supplied with this filling 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 is for 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 compression of the compression

FILED

Mar 06 1998 8:00am

Secretary of State