

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra J. Northam
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 01 1998 8:00am
Secretary of State

DOCUMENT # P36762 (3)
Corporation Name
MULTI-NATIONAL MONEY MANAGEMENT CO., INC.



Principal Place of Business
**P.O. BOX 934
PALM BEACH FL 33480-0934**

Mailing Address
**P.O. BOX 934
PALM BEACH FL 33480-0934**

DO NOT WRITE IN THIS SPACE

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

Date Incorporated or Qualified 12/20/1991	
FET Number 52-0995005	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	

Name and Address of Current Registered Agent

**RUDOLPH, MALCOLM R.
1333 NORTH LAKE WAY
PALM BEACH FL 33480**

Name and Address of New Registered Agent

81	Name Rudolph, Barbara
82	Street Address (P.O. Box Number is Not Acceptable) 1333 North Lake Way
83	
84	City Palm Beach
85	Zip Code FL 33480

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 *Barbara A. Rudolph* DATE **6/27/98**
Signature, typed or printed name of registered agent and not applicable. (NOTE: Registered Agent signature required when reinstating)

OFFICERS AND DIRECTORS			
TITLE	DPT	<input checked="" type="checkbox"/> DELETE	1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, MALCOLM R.		1.2 NAME
STREET ADDRESS	1333 NORTH LAKE WAY		1.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL		1.4 CITY-ST-ZIP
TITLE	DVS	<input type="checkbox"/> DELETE	2.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RUDOLPH, BARBARA		2.2 NAME
STREET ADDRESS	1333 NORTH LAKE WAY		2.3 STREET ADDRESS
CITY-ST-ZIP	PALM BEACH FL		2.4 CITY-ST-ZIP
TITLE	DV	<input type="checkbox"/> DELETE	3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REESE, DAVID B.		3.2 NAME
STREET ADDRESS	203 GOLDEN ASH MEWS		3.3 STREET ADDRESS
CITY-ST-ZIP	GAITHERSBURG MD		3.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			4.2 NAME
STREET ADDRESS			4.3 STREET ADDRESS
CITY-ST-ZIP			4.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			5.2 NAME
STREET ADDRESS			5.3 STREET ADDRESS
CITY-ST-ZIP			5.4 CITY-ST-ZIP
TITLE		<input type="checkbox"/> DELETE	6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME			6.2 NAME
STREET ADDRESS			6.3 STREET ADDRESS
CITY-ST-ZIP			6.4 CITY-ST-ZIP

I hereby certify that the information supplied with this filing 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 if changed, or on an attachment with an address.

Barbara G. Rudolph 521-

CR2E034 (10/97)



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

June 24, 1998

MULTI-NATIONAL MONEY MANAGEMENT CO., INC.
P.O. BOX 934
PALM BEACH, FL 33480-0934

SUBJECT: MULTI-NATIONAL MONEY MANAGEMENT CO., INC.
Ref. Number: P36762

Please be advised, we have received your document for the above corporation; however, the document **has not been filed** and is being returned for the following:

The new registered agent must sign in block 11.

TO AVOID THE \$400.00 LATE FEE, PLEASE RETURN THE CORRECTED REPORT TO THIS OFFICE WITHIN 30 DAYS OF THE DATE OF THIS LETTER.

If you have any questions concerning the filing of your document, please call (850) 487-6059.

Stacy Prather
Document Specialist

Letter Number: 798A00034630