

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Apr 20, 1999 8:00 am  
Secretary of State

04-20-1999 90230 014 \*\*\*150.00

DOCUMENT # P36762

1. 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

3. Date Incorporated or Qualified

12/20/1991

4. FEI Number

52-0995005

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 owes the current year intangible  
Personal Property Tax.

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

RUDOLPH, BARBARA  
1333 NORTH LAKE WAY  
PALM BEACH FL 33480

NEW ADDRESS  
ONLY

10. Name and Address of New Registered Agent

81 Name BARBARA RUDOLPH

82 Street Address (P.O. Box Number is Not Acceptable)

83 330 COCOANUT ROW, #3D

84 City PALM BEACH

FL

85 Zip Code 33480

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DPT  
NAME RUDOLPH, BARBARA  
STREET ADDRESS 1333 NORTH LAKE WAY  
CITY-ST-ZIP PALM BEACH FL 33480  
☐ DELETE  
NEW ADDRESS

TITLE DV  
NAME REESE, DAVID B.  
STREET ADDRESS 203 GOLDEN ASH MEWS  
CITY-ST-ZIP GAITHERSBURG MD  
☐ DELETE  
NEW ADDRESS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DPT  
1.2 NAME BARBARA RUDOLPH  
1.3 STREET ADDRESS 330 COCOANUT ROW, #3D  
1.4 CITY-ST-ZIP PALM BEACH FL 33480  
☒ Change ☐ Addition

2.1 TITLE DAVID B REESE  
2.2 NAME  
2.3 STREET ADDRESS 9467 TURNBERRY DR  
2.4 CITY-ST-ZIP POTOMAC, M-D-20854  
☒ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP  
☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP  
☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP  
☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP  
☐ Change ☐ Addition

14. 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, with all other like empowered.

SIGNATURE:

BARBARA G. RUDOLPH  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99

561-802-3648  
Daytime Phone #

CR2E034 (11/98)