## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # P40965

(6)

INTERNATIONAL MONEY MANAGEMENT GROUP, INC.

## FILED Jul 23 1998 8:00am Secretary of State



Principal Place	e of Business	Mailing Address					
133 DEFENSE HWY SUITE 104 ANNAPOLIS MD 21401 US		133 DEFENSE HWY					
		SUITE 104					
		ANNAPOLIS MD 21401 US				DO NOT WRITE IN THIS SPACE	
03		00			3. Date Incorporated or Qualified 10/15/1992		
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number	Applied For	
21		26		52-1259351	Not Applicable		
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22	<del></del>	27		5. Certificate of Status Desired	Fee Required		
City & State	9	City & State		Election Campaign Financing \$5.00 May Be			
23		28		Trust Fund Contribution Added to Fees			
Zip	r1			antry 8. This corporation owes or has paid the current year intengible			
25 25 Name and Address of Current		29  Basistered Apont			Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent		
CHAI		Kegisterea Agent	8	I Name	10. Name and Address of New Registere	ed Agent	
SHAFFER, DALE 9953 NE 4TH AVENUE ROAD				VI Natio			
	II SHORES FL 33138		8:	2 Street Address (P.O. Box Number is Not Acceptable)			
misn	II OHUNES PL 33130		8:	1			
				1			
	*		8-	City	F	85 Zip Code	
11. Pursuant	to the provisions of sections 607 0502	and 607 1508 Florida Statuto	e the above	named cor	poration submits this statement for the purpose of	<del></del>	
office or r	regist <b>ere</b> d agent, or both, in the State of the filling that with, and accept the obligations.	if Florida. Such change was a	uthorized b	v the corpor	alion's board of directors. I hereby accept the app	pointment as registered	
SIGNATURE .	Signature, typed or printed name of registered agent i	and title if applicable (NC	TE: Registered	Agent signature	required when reinstating) DATE		
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12	
TITLE	DCP	DELETE	1.1 TITLE			Change Addition	
NAME	BRITTINGHAM, ERNEST O.	1.2					
STREET ADDRESS	133 DEFENSE HWY, SUITE 104		1.3 STREET ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD	1.4 CI		iT-ZiP			
TITLE	DVC	DELETE 2.1 TIT			Change Addition		
NAME	HUMPHRIES, WAYNE T.		2.2 NAME				
STREET ADDRESS	133 DEFENSE HWY, SUITE 104	2331		T ADDRESS	DDRESS		
CITY-ST-ZIP	ANNAPOLIS MD		2 4 CITY-ST-ZIP				
TITLE	VPS	DELETE 31				Change Addition	
NAME	HUMPHRIES, WAYNE T.		3.2 NAME				
STREET ADDRESS	133 DEFENSE HWY, SUITE 104		3.3 STREET ADDRESS				
CITY-ST-ZIP	ANNAPOLIS MD		3.4 CITY-S	T-ZIP			
TITLE		[] DELETE	4.1 TITLE			Change Addition	
NAME	BRITTINGHAM, ERNEST O.		4.2 NAME				
STREET ADDRESS	133 DEFENSE HWY, SUITE 104		4.3 STREE	TADDRESS			
CITY-ST-ZIP	ANNAPOLIS MD	· · · · · · · · · · · · · · · · · · ·	4.4 CITY-9	T-ZIP			
TITLE		DELETE	5.1 TITLE			Change Addition	
NAME	I I		5.2 NAME				
STREET ADDRESS			5.3 STREE	TADDRESS			
CITY-ST-ZIP			5.4 CITY-9	T-ZIP			
TITLE		DELETE 6.1 TIT			Change Addition		
NAME			6.2 NAME				
STREET ADDRESS				TADDRESS			
CITY-ST-ZIP	elf, then the information and it is	do filipo desenvolo de 196 de 19	6.4 CITY-S		440 07/01(5) F(-14 0)		
an officer o	rily that the information supplied with the in this annual report or supplemental are righter of the corporation or the receiver Block 13 if changed, or on an attact.	nnual report is true and accur iiver or trustee empowered to	ate and tha execute th	t my signatu is report as i	ection 119.07(3)(i), Florida Statutes. I further certif re shall have the same legal effect as if made un required by Chapter 607, Florida Statutes; and th hrgham	y that the information der oath; that I am at my name appears	