

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P92000004432 (0)

1. Corporation Name

DYLAN'S MONEY, INC.

Principal Place of Business

**11900 BISCAYNE BOULEVARD
BISCAYNE CENTRE, SUITE 807
MIAMI FL 33181
US**

Mailing Address

**11900 BISCAYNE BOULEVARD
BISCAYNE CENTRE, SUITE 807
MIAMI FL 33181
US**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

11/13/1992

3a. Date of Last Report

06/05/1994

4. FEI Number

65-0223116

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 has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

**GLASER, ALLAN M. (ESQ.)
11900 BISCAYNE BOULEVARD
BISCAYNE CENTER, SUITE 807
MIAMI FL 33181**

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 Zip Code

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 constituting)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME ROSENBERG, MYRNA
STREET ADDRESS 11900 BISCAYNE BOULEVARD, SUITE 807
CITY- ST- ZIP MIAMI FL

TITLE DV
NAME ROSENBERG, RYAN
STREET ADDRESS 11900 BISCAYNE BOULEVARD, SUITE 807
CITY- ST- ZIP MIAMI FL

TITLE DS
NAME SCHWAB, MELISSA
STREET ADDRESS 11900 BISCAYNE BOULEVARD, SUITE 807
CITY- ST- ZIP MIAMI FL

TITLE DT
NAME LINKSMAN, DARREN
STREET ADDRESS 11900 BISCAYNE BOULEVARD, SUITE 807
CITY- ST- ZIP MIAMI FL

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

TITLE

NAME

STREET ADDRESS

CITY- ST- ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY- ST- ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY- ST- ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY- ST- ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY- ST- ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 amendment with an address.

SIGNATURE:

Melissa Schwab Director
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-12-95 937-5115
DATE (Month/Day/Year) TELEPHONE NUMBER