## 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

## DOCUMENT # P9200004432

1. Corporation Name

DYLAN'S MONEY, INC.

Ma	ilina	Address

2a. Mailing Address

City & State

Zip

Suite, Apt. #, etc.

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29

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

Principal Place of Business

Suite, Apt. #, etc.

City & State

21

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24

Zip

Principal Place of Business

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

FILED Mar 04, 1999 8:00 am **Secretary of State** 

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	DO NOT WRITE IN THIS	SPACE		
3.	Date Incorporated or Qualifed			
	11/13/1992			
4.	FEI Number	Applied For		
	65-0223116	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		

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

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Country

9. Name and Address of Current Registered Agent

		Personal Property Ta	ix.		∐ Ye	\$ L	MO
	14	o. Name and Address	of New Regi	stered A	gent		
81	Name		_				
82	Street Address	(P.O. Box Number is No	t Acceptable)	)			·
83							
84	City			FI	85	Zip Co	ode

8. This corporation owes the current year Intangible

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.

Country

30

SIGNATURE	Signature, typed or printed name of registered agent and title if applicable	(NOTE: Re	gistered Agent signature n	equired when reinstating)	DATE		
12.	OFFICERS AND DIRECTORS		142	ADDITIONS/CHANGES	O OFFICERS AN	D DIRECTOR	RS IN 12
TITLE	DP	DELETE	1.1 TITLE	muma Micow	1	Change	☐ Addition
NAME	ROSENBERG, MYRNA		1.2 NAME	MYMU MICOW 10800 BISCOUM	Blud #	410	
STREET ADDRESS	11900 BISCAYNE BOULEVARD, SUITE 807		13 STREET ADDRESS	10000 013644	2.1.		
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP	miami, FL 3	3161	,,	
TITLE	DV	DELETE	2.1 TITLE	Ruga Cosenberra		Change	☐ Addition
NAME	ROSENBERG, RYAN		2.2 NAME	Kyan Fosenburg 10800 Biscayne	" RIUJ# 4	HO	
STREET ADDRESS	11900 BISCAYNE BOULEVARD, SUITE 807		2.3 STREET ADDRESS	10000 BISLAYM	7		
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP	miumi , FL 3	3161		
TITLE	DS	DELETE	3.1 TITLE	SCHWAB, Melissa	a est.	Change	Addition
NAME	SCHWAB, MELISSA		3.2 NAME	SCHWAB, Melissa 10800 Biscayno Migmi, FL 331	Blud "4	110	
STREET ADDRESS	11900 BISCAYNE BOULEVARD, SUITE 807		3.3 STREET ADDRESS	Miami F/ 221			
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZIP	1174117, 7 = 331	<i>b /</i>		
TITLE	DT	DELETE	4.1 TITLE	DT .		Change	Addition
NAME	LINKSMAN, DARREN		4.2 NAME	rosco Bix carne Blus	A CLO 410		
STREET ADDRESS	11900 BISCAYNE BOULEVARD, SUITE 807		4.3 STREET ADDRESS		ALC: N		
CITY-ST-ZIP	MIAMI FL		4.4 CITY-ST-ZIP	Miami, FL 33161			
TITLE		DELETE	5.1 TITLE	- · ·		☐ Change	Addition (
NAME			5.2 NAME		•		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP	[		5.4 CITY-ST-ZIP				
TITLE		☐ DELETE	6.1 TITLE			Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS		i	6.3 STREET ADDRESS				
CITY-ST-ZIP			6.4 CITY-ST-ZIP				

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:

PRINTED NAME OF SIGNING OFFICER OR DIRECTO