

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

FILED  
Jul 30 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000041256 (7)

1. Corporation Name

SECOND CITY MONEY ORDER SERVICE, INC.

Principal Place of Business

5444 BAY CENTER DRIVE  
SUITE 217  
TAMPA FL 33609  
US

Mailing Address

P.O. BOX 2919  
TAMPA FL 33601  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1993

3a. Date of Last Report

04/26/1996

4. FEI Number

59-3188308

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 or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

9. Name and Address of Current Registered Agent

MOSS, CRAIG  
5444 BAY CENTER DR.  
SUITE 217  
TAMPA FL 33609

10. Name and Address of New Registered Agent

81 Name

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

4310 W. Hillsborough Avenue

83

84 City

Tampa

FL

85 Zip Code

33614

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PTD	<input type="checkbox"/> DELETE
NAME	MOSS, HOWARD	
STREET ADDRESS	5444 BAY CENTER DR., SUITE 217	
CITY-ST-ZIP	TAMPA FL	

TITLE	VSD	<input type="checkbox"/> DELETE
NAME	MOSS, CRAIG	
STREET ADDRESS	5444 BAY CENTER DR., SUITE 217	
CITY-ST-ZIP	TAMPA FL	

TITLE	S	<input type="checkbox"/> DELETE
NAME	MOSS, CRAIG	
STREET ADDRESS	5445 MARINER ST., STE. 109	
CITY-ST-ZIP	TAMPA FL	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Howard Moss	
1.3 STREET ADDRESS	P.O. Box 2919 (N/A)	
1.4 CITY-ST-ZIP	Tampa, FL 33601-2919	

2.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Craig Moss	
2.3 STREET ADDRESS	P.O. Box 2919 (N/A)	
2.4 CITY-ST-ZIP	Tampa, FL 33601-2919	

3.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Craig Moss	
3.3 STREET ADDRESS	P.O. Box 2919 (N/A)	
3.4 CITY-ST-ZIP	Tampa, FL 33601-2919	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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 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 amendment with an address.

SIGNATURE: SIGNATURE REQUIRED

CR2E034 (4/97)