

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

FILED

Feb 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

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

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

2a. Mailing Address

21 P O Box 21527

26 P O Box 21527

Suite, Apt. #, etc

Suite, Apt. #, etc

22 City & State
TAMPA, FL

27 City & State
TAMPA, FL

23 City & State

28 City & State

24 Zip

29 Zip

Country

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MOSS, CRAIG
4310 W HILLSBOROUGH AVE
SUITE 217
TAMPA FL 33614

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 incorporator, agent and title of agent, etc.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PTD
NAME MOSS, HOWARD
STREET ADDRESS PO BOX 2919 N/A
CITY-ST-ZIP TAMPA FL

1.1 TITLE N/A
1.2 NAME MOSS, HOWARD
1.3 STREET ADDRESS PO BOX 21527 N/A
1.4 CITY-ST-ZIP TAMPA, FL 33622

TITLE VSOS
NAME MOSS, CRAIG
STREET ADDRESS PO BOX 2919 N/A
CITY-ST-ZIP TAMPA FL

2.1 TITLE N/A
2.2 NAME MOSS, CRAIG
2.3 STREET ADDRESS PO BOX 21527 N/A
2.4 CITY-ST-ZIP TAMPA, FL 33622

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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.

SIGNATURE:

[Signature]

1/8/98

(813) 354-0025

CR2E034 (10/97)