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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE.
Sandra B. Mortham

1996

SIGNATURE:

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9400009911 (6) MONEY MASTER, INC.												
Principal Place of Business 2240 FAXTON COURT ORLANDO FL 32812			Mailing Address 2240 FAXTON COURT ORLANDO FL 32812				I HOITTOI IIU JAIK AIDII AOIII	36 111 64 64 90 111	00 111 1 1 5 11 0 14			
									3. Date Incorporated or Qualific 02/08/1994		e of Last F 04/25/1 !	995
2. Principal Plac	ce of Business			ing Address					4. FEI Number 59-3230823			Applied For Not Applicable
Suite, Apt. #,	etc.	26 Suite	Suite, Apt. #, etc.					5 Contificate of Status Desired C1 \$8.75 Additional				
2		27								Required		
City & State		City 28						6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees				
Zip 24	Country 25		Zip 29		30	Country			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes No			
	9, Name and Ad	dress of Current	Registered	Agent		81	Nesse		10. Name and Address of Ne	w Registered	Agent	
00000							Name		CO O Number in Number	A-May		
GORDON, LAWRENCE C 2240 FAXTON COURT						82	Street	Addre	ess (P.O. Box Number is Not Acceptable)			
ORLANDO FL 32812												
						84	City			FI	85 2	Zip Code
signatures	or agent, or both, in n, and accept the ob-	nigations of, Secti	and I tie if applica	ble. (N	OTE Registe				tion submits this statement for the of directors. I hereby accept the when renstating) ADDITIONS/CHANGES TO	DATE	····	
12.	PSTD	OFFICERS AND	DIRECTOR	DELETE		1 TITLE		Ţ	ADDITIONO/OF PAROES 7.0	<u> </u>	Change	
NAME	GORDON, LA	WRENCE C			1.	2 NAME						
STREET ADDRESS	2240 FAXTON						ADDRESS					
CITY-ST-ZIP TITLE	ORLANDO FL	32812		DELETE		4 CITY - S . 1 TITLE	ST-ZIP				Change	Addition
NAME					2	2 NAME						
STREET ADDRESS					1		ADDRESS					
CHY-ST-ZIP				☐ DELE1E		4 CITY-S	ST-ZIP				Change	e 🔲 Addition
TITCE NAME						2 NAME						
STREET ADDRESS					3	3 STREE	T ADDRESS					
CITY-ST-ZIP				DELETE		.4 CITY - I	ST-ZIP	╁			☐ Change	e Addition
TIFLE NAME						2 NAME						
STREET ADDRESS					4	.3 STREE	t address					
CITY - S1 - ZIP				D DELETE		I.4 CITY -		∔			Change	e [] Addition
TITLE NAME				☐ DELETÉ		i. 1 TITLE i.2 Name						
NAM: STREET ADDRESS							t address					
CITY-ST-ZIP				- Decem		.4 CITY-		 			[] Chang	e [1] Addition
TITLE				☐ DELETE		5. 1 TITLE 5.2 NAME					T) many	- <u></u>
NAME STREET ADDRESS							T ADDRESS					
D.T. CT 2:0					1	84 CITY -	ST-7IP			/	<u> </u>	
14 Ldo hereb	y certify that the info t the information indi I am an officer cr din 1 Block 12 or Block	ormation supplied cated on this ann rector of the corpo 13 changed, or	with this filin ual report or oration or the on an attach	g is voluntarily fur supplemental ar e receiver or trus ment with an ad	rnished a nual rep tee empo ldress.	and do ort is tr owered	es not qu rue and a I to exec	ualify fo accura uto this	or the exemption stated in Section te and that my signature shall have s report as required by Chapter 60	119.07(3)(k), e the same leg 7, Florida Sta	Florida Sta yal effect as tutes; and	tutes. Frurther s if made under that my name

Lawrence C. Gordon, 4/18/96 (407)277-7864