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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 20 AM 11:20

DOCUMENT # **P94000027523 (7)**

1. Corporation Name
MONEY CONCEPTS, INC.

Principal Place of Business	Mailing Address
110 S HOOVER ST SUITE 108 TAMPA FL 33609	110 S HOOVER ST SUITE 108 TAMPA FL 33609

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 04/08/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5300 W. CYPRESS ST	26 5300 W. CYPRESS ST
Suite, Apt. #, etc. 22 SUITE 130	Suite, Apt. #, etc. 27 SUITE 130
City & State 23 TAMPA FL	City & State 28 TAMPA FL
Zip 24 33607	County 25 HILLSBOROUGH
Zip 29 33607	County 30 HILLSBOROUGH

4. FEI Number: 59-3330933 ☐ 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

9. Name and Address of Current Registered Agent

GITTENS, VICTOR S
110 S HOOVER ST SUITE 108
TAMPA FL 33609

10. Name and Address of New Registered Agent

91 Name: STEPHEN BROTT
92 Street Address (P.O. Box Number is Not Acceptable): 5300 W. CYPRESS ST
93: SUITE 130
94 City: TAMPA FL 95 Zip Code: 33607

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] — VICE PRESIDENT 6/16/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PS	11 TITLE	SENIOR VICE PRESIDENT ☒ Change ☐ Addition
NAME	GITTENS, VICTOR S	12 NAME	STEPHEN BROTT
STREET ADDRESS	110 S HOOVER ST SUITE 108	13 STREET ADDRESS	5300 W. CYPRESS ST # 130
CITY-ST-ZIP	TAMPA FL 33609	14 CITY-ST-ZIP	TAMPA FL 33607
TITLE		21 TITLE	SCOTT HARRIS ☐ Change ☒ Addition
NAME		22 NAME	SENIOR VICE PRESIDENT
STREET ADDRESS		23 STREET ADDRESS	5300 W. CYPRESS ST # 130
CITY-ST-ZIP		24 CITY-ST-ZIP	TAMPA FL 33607
TITLE		31 TITLE	JAMES MCPEAK ☐ Change ☒ Addition
NAME		32 NAME	VICE PRESIDENT
STREET ADDRESS		33 STREET ADDRESS	5300 W. CYPRESS ST #130
CITY-ST-ZIP		34 CITY-ST-ZIP	TAMPA FL 33607
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 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 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] 6/16/95 813 388-0055
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0203417 CP