SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION **ANNUAL REPORT** 

1996

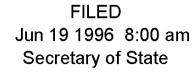


FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #**1. Corporation Name P95000050155 (7)

## MONEY TRANSFER SYSTEMS, INC.





Principal Place of Business Mailing Address					n namman ina nama arini adrisi datri adrisi gasat drisi datat 11981 bitat 11981 bitat 11981	
600 LAKÉVIEW DRIVE SUITE B CLEARWATER FL 34616		SUITE B	600 LAKEVIEW DRIVE SUITE B CLEARWATER FL 34616			
		OCCANIARIES TE	34010		<ol> <li>Date Incorporated or Qualified 07/01/1995</li> </ol>	3a. Date of Last Report
¬ ·	lace of Business	2a. Mailing Addre	 SS	<del></del>	4. FEI Number	Applied For
Suite, Apt	<b>*</b> atc	26	Suite Apt #, etc.		59-3325454	Not Applicat
27			etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State		······································	Election Campaign Financing     Trust Fund Contribution	<b>\$5.00</b> May Be
Z <sub>I</sub> p	Country Zip		Cour	itry	8. This corporation has liability for inlangible tax under s. 199 03?	
L	9. Name and Address of Curre		30		f londa Statutes  10. Name and Address of New Reg	Yes No
OR.				81 Name	10. Name and Address of New He	gistereo Agent
Ora, mel 600 lakeview drive						
SUI	TE B			Street Ac	ldress (P.O. Box Number is Not Acceptab	le)
CLE	EARWATER FL 34616			84 City		
		_				FL 85 Zip Code
agent Lar SIGNATURE	rgistered agent, or both, in the state in familiar with, and accept the oblig signature by the propriets agent agent registere ; agent agent registere ; agent agent registere ; agent age	ations of, Section 607.05	05, Florida Statut	es es	rporation submits this statement for the puration's board of directors. I hereby accept	the appointment as registered
2.		ID DIRECTORS	13.	Agent signature or	ADDITIONS/CHANGES TO OFFIC	IMILE COLORO IN AR
TLF	D	DELF		r T	ADDITIONAL CHANGES TO OFFIC	Change Addition
AME .	ora, mel		1.2 NAA	i		Grid igs A3030
TREET ADDRESS	600 LAKEVIEW DRIVE			EL ADDRESS		
TY - ST - ZIP	CLEARWATER FL 34616		•	-S1-ZIP		
TLE	D	DELE				Change Additio
AME	MOHR, GREG		2 2 NAM	ır		
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TLE	D OVELTON DOV	DELE	TÉ 31 TITL			Change Addition
AME	SKELTON, ROY		3 2 NAM	E		
REET ADDRESS	600 LAKEVIEW DRIVE		3 3 S/RE	ET ADDRESS		
TY-ST-ZIP	CLEARWATER FL 34616		3 4 CITY	- S1 - ZIP		
LE	•	DELE	TE 41 THILI		· · · · · · · · · · · · · · · · · · ·	Change Addition
ME BEET ADDOCCO	DAILY, GREG 600 LAKEVIEW DRIVE	4				
HEET ADDRESS	CLEARWATER FL 34616		4 3 STRE	ET ADDRESS		
TY-ST-ZIP	D D	DELE.	4 4 CITY		3	·
ME	Gorter, John	L <b>™</b> Ditt				Change Additio
REET ADDRESS	600 LAKEVIEW DRIVE		5.2 NAM			
Y · ST-ZIP	CLEARWATER FL 34616			ET ADDRESS		
.F	with the UTO IO	DELE	5 4 CITY 6 1 TIELS	<del></del>		
ME		L DEEE				Change Additio
REET ADDRESS			6.2 NAM			
IY-\$1-ZIP				ET ADDRESS		
. I do hereby	certify that the information supplied	d with this filma is volunta	fily furnished and		alify for the exemption stated in Section 11	0.07/0.41 5
made unde	ify that the information indicated on or oath, that Lam; an officer or directo mc appears in Block 12 or Block 13 i	of the paracration and	alcarentar era kugi	report is true	alify for the exemption stated in Section 11 and accurate and that my signature shall ad to execute this report as required by Cr	have the same legal effect as if impter 617, Florida Statutes, and

SIGNATURE:

MAME OF SIGNING OFFICER OR DIRECTOR

06-07-96 813-442-2175