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

**CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000065966 (0) DOCUMENT #

## **FILED** May 20 1998 8:00am Secretary of State

MONEYWORLD USA, INC. Principal Place of Business Mailing Address 25 PINEAPPLE AVE. N. 25 PINEAPPLE AVE. N. SARASOTA FL 34236 SARASOTA FL 34236 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>08/24/1995</u> 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 65-0701169 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional  $\Box$ 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution 23 Added to Fees 28 Zip Country Zip 8. This corporation owes or has paid the ourrent year Intangible ☐ No 24 29 30 Personal Property Tax due June 30. 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name SHEA, JOHN 630 S ORANGE AVE Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 83 84 City 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 registring agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 \_\_ DELETE Change TITLE 1.1 TITLE TUROFF, ROBERT 1.2 NAME NAME 25 PINEAPPLE AVE. N. STREET ADDRESS 1.3 STREET ADDRESS **SARASOTA FL 34236** 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change 2.1 TITLE TITLE TUROFF, ROBERTA NAME 2.2 NAME 25 PINEAPPLE AVE. N. STREET ADDRESS 2.3 STREET ADDRESS **SARASOTA FL 34236** CITY-ST-ZIP 2. 4 CITY - ST - ZIP DELETE Change Addition TITLE 3.1 TITLE 32 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST- ZIP DELETE Change Addition 6.1 TITLE TITLE NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 14. I hereby certify that the information supplied with this figing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information

officer or director of the corporation of the receiver or trustee amplowered to Block 12 or Block 13 if changed, or on an attagment with an approved to block 12 or Block 13 if changed, or on an attagment with an approve Torste and that my signature shall have the same legal effect as if made under oath; that I am an excepte this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

Robert E. TURNER \$15/98