

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

FILED  
Apr 29 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P96000040047 (8)**

1. Corporation Name  
**THE MONEY TREE, INC.**



Principal Place of Business <b>1700 SOUTHERN BOULEVARD WEST PALM BEACH FL 33406</b>	Mailing Address <b>1700 SOUTHERN BOULEVARD WEST PALM BEACH FL 33406-3244</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>05/09/1996</b>	3a. Date of Last Report
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number <b>65-0665477</b>	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>AMERILAWYER CHARTERED 343 ALMERIA AVENUE CORAL GABLES FL 33134</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b> 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 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	NAME							1.1 TITLE							Change <input type="checkbox"/> Addition <input type="checkbox"/>													
NAME	STREET ADDRESS							1.2 NAME							1.2 STREET ADDRESS							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
CITY-ST-ZIP	CITY-ST-ZIP							1.3 CITY-ST-ZIP							1.3 CITY-ST-ZIP							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
TITLE	NAME							2.1 TITLE							Change <input type="checkbox"/> Addition <input type="checkbox"/>													
NAME	STREET ADDRESS							2.2 NAME							2.2 STREET ADDRESS							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
CITY-ST-ZIP	CITY-ST-ZIP							2.3 CITY-ST-ZIP							2.3 CITY-ST-ZIP							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
TITLE	NAME							3.1 TITLE							Change <input type="checkbox"/> Addition <input type="checkbox"/>													
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CITY-ST-ZIP	CITY-ST-ZIP							3.3 CITY-ST-ZIP							3.3 CITY-ST-ZIP							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
TITLE	NAME							4.1 TITLE							Change <input type="checkbox"/> Addition <input type="checkbox"/>													
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CITY-ST-ZIP	CITY-ST-ZIP							4.3 CITY-ST-ZIP							4.3 CITY-ST-ZIP							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
TITLE	NAME							5.1 TITLE							Change <input type="checkbox"/> Addition <input type="checkbox"/>													
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CITY-ST-ZIP	CITY-ST-ZIP							5.3 CITY-ST-ZIP							5.3 CITY-ST-ZIP							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
TITLE	NAME							6.1 TITLE							Change <input type="checkbox"/> Addition <input type="checkbox"/>													
NAME	STREET ADDRESS							6.2 NAME							6.2 STREET ADDRESS							Change <input type="checkbox"/> Addition <input type="checkbox"/>						
CITY-ST-ZIP	CITY-ST-ZIP							6.3 CITY-ST-ZIP							6.3 CITY-ST-ZIP							Change <input type="checkbox"/> Addition <input type="checkbox"/>						

14. I do 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:  **4/23/97 561-683-2869**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)