

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

FILED

99 FEB 24 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name
P96000069799
MONEYONE CORPORATION AR Amended

Principal Place of Business Mailing Address
3939 N. FEDERAL HWY.
POMPANO BEACH, FL 33064

DO NOT WRITE IN THIS SPACE
3. Date Incorporated or Qualified
8/21/96

2. Principal Place of Business 2a. Mailing Address
21 SAME AS ABOVE 26 3939 N. FEDERAL HWY.
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 28 POMPANO BEACH, FL
24 Zip 25 Country 29 33064 30 Country

4. FEI Number Applied For
65-0693582 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 owes or has paid the current year Intangible Personal Property Tax due June 30 Yes No

9. Name and Address of Current Registered Agent
SAVERINA C. MARTINEZ
1620 S. OCEAN BLVD., # 7E
POMPANO BEACH, FL 33062

10. Name and Address of New Registered Agent
81 Name FRANK R. MARTINEZ
82 Street Address (PO Box Number is Not Acceptable)
83 1620 S. OCEAN BLVD., # 7E
84 City POMPANO BEACH FL 85 Zip Code 33062

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 *Frank R. Martinez* FRANK R. MARTINEZ DATE 2/22/99
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when re-instating)

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PD ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	SAVERINA C. MARTINEZ
13 STREET ADDRESS	1620 S. OCEAN BLVD., # 7E
14 CITY - ST - ZIP	POMPANO BEACH, FL 33062
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I 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: *S. Carmen Martinez* S. CARMEN MARTINEZ C.E.O. DATE: 2/22/99 (954) 942-9011

CR2E034 (10/97)