

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

PROFIT CORPORATION ANNUAL REPORT 1999



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

FILED
Nov 10 1999 8:00 am
Secretary of State

DOCUMENT # P96000069799
1. Corporation Name
MONEYONE CORPORATION

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

2. Principal Place of Business 2a. Mailing Address
23) SAME AS ABOVE 26) SAME AS ABOVE
22 Suite, Apt. #, etc. 27 Suite, Apt. #, etc.
23 City & State 27 City & State
24 Zip 25 Country 28 Zip 29 Country

9. Name and Address of Current Registered Agent
FRANK R. 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 (P.O. Box Number is Not Acceptable)
83 3939 N. FEDERAL HWY.
84 City POMPANO BEACH FL 85 Zip Code 33064

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: 11/04/99

12. OFFICERS AND DIRECTORS
TITLE: P/D DELETE
NAME: SAVERINA C. MARTINEZ
STREET ADDRESS: 1620 S. OCEAN BLVD., #7E
CITY-ST-ZIP: POMPANO BEACH, FL 33062
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE
TITLE: DELETE
NAME: DELETE
STREET ADDRESS: DELETE
CITY-ST-ZIP: DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE: C.E.O. Change Addition
12 NAME: SAVERINA C. MARTINEZ
13 STREET ADDRESS: 1620 S. OCEAN BLVD., #7E
14 CITY-ST-ZIP: POMPANO BEACH, FL 33062
21 TITLE: Change Addition
22 NAME: Change Addition
23 STREET ADDRESS: Change Addition
24 CITY-ST-ZIP: Change Addition
31 TITLE: PRESIDENT/SECRETARY/DIRECTOR Change Addition
32 NAME: FRANK R. MARTINEZ
33 STREET ADDRESS: 1620 S. OCEAN BLVD., #7E
34 CITY-ST-ZIP: POMPANO BEACH, FL 33062
41 TITLE: Change Addition
42 NAME: Change Addition
43 STREET ADDRESS: Change Addition
44 CITY-ST-ZIP: Change Addition
51 TITLE: Change Addition
52 NAME: Change Addition
53 STREET ADDRESS: Change Addition
54 CITY-ST-ZIP: Change Addition
61 TITLE: Change Addition
62 NAME: Change Addition
63 STREET ADDRESS: Change Addition
64 CITY-ST-ZIP: Change Addition

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: *Frank R. Martinez* PRESIDENT/DIRECTOR DATE: 11/04/99 PH: (954) 942-9011
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #

CR2E034 (1/097)

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*****70.00 *****70.00
\$11/10