

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

FILED  
Jan 27 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000101304 (9)

1. Corporation Name

MAKES CENTS OF S.W. FLA., INC.



Principal Place of Business

Mailing Address

3140 SEASONS WAY, SUITE 509  
ESTERO FL 33928

3140 SEASONS WAY, SUITE 509  
ESTERO FL 33928

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1997

2. Principal Place of Business

2a. Mailing Address

21 1719 Del Prado Blvd

26 1719 Del Prado Blvd

4. FEL Number

65-0730973

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

City & State

23 Cape Coral FL

City & State

28 Cape Coral FL

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

Zip

Country

24 33990

Zip

Country

29 33990

30

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

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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 PSD  
NAME PSYCHAS, MOLLY  
STREET ADDRESS 3140 SEASONS WAY, SUITE 509  
CITY-ST-ZIP ESTERO FL 33928 ☐ DELETE

1.1 TITLE PSD  
1.2 NAME TRUCKS, MOLLY ☒ Change ☐ Addition  
1.3 STREET ADDRESS 801 BRANTLEY Rd #1408  
1.4 CITY-ST-ZIP Ft Myers FL 33907

TITLE VTD  
NAME TRUCKS, JAY  
STREET ADDRESS 3140 SEASONS WAY, SUITE 509  
CITY-ST-ZIP ESTERO FL 33928 ☐ DELETE

2.1 TITLE VTD  
2.2 NAME TRUCKS, JAY ☒ Change ☐ Addition  
2.3 STREET ADDRESS 781 Eastwood Dr.  
2.4 CITY-ST-ZIP CLARE ME 48617

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP ☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP ☐ DELETE

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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:

Molly Trucks, Molly A Trucks 1/20/98 (941) 573-1119

CR2E034 (10/97)