SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

Mailing Address

PROFIT
CORPORATION
ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mertham 🛰

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000050940 (0)

MONEY MAKER CLUB, INC.

Principal Place of Business

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIF

CITY-ST-ZIF

TITLE

NAME

13927 SHADY SHORES DRIVE 13927 SHADY SHORES DRIVE **TAMPA FL 33613 TAMPA FL 33613** DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/09/1997 2. Principal Place of Business 2a. Mailing Address 52-6136484 Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 24 25 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name SHAH, DIPAK 13927 SHADY SHORES DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) **TAMPA FL 33613** 83 City Zip Code 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) OFFICERS AND DIRECTORS CR2E034 (5/98) 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD DELETE 1.1 TITLE Change Addition SHAH, ATUL NAME 1.2 NAME **5015 CHATTAM LANE** STREET ADDRESS 1.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 1.4 CITY-ST-ZIP TITLE VPD 21 TITLE DELETE Change Addition PANDYA, KIRTI 2.2 NAME 12809 WALLINGFORD DRIVE STREET ADDRESS 2.3 STREET ADDRESS TAMPA FL 33624 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE STD DELETE 3.1 TITLE Change Addition SHAH, DIPAK NAME 3.2 NAME 13927 SHADY SHORES DRIVE STREET ADDRESS 3.3 STREET ADDRESS **TAMPA FL 33613** CITY-ST-ZIP 3.4 CITY-ST-ZIP TITLE 4.1 TITLE DELETE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP TITLE DELETE 5.1 TITLE 0000026238**\$**(NAME 5.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

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.

Change Addition

-08/25/98--01002--037

***150.00

FILED

Aug 21 1998 8:00am

Secretary of State

July 28, 1998

Division of Corporations P.O. Box 6324 Tallahassee, FL 32314

To Whom It May Concern:

We never received a first notice for payment, but we did receive a second notice. At this time \$150 payment is sent. We are requesting a \$400 credit.

If there are any questions please inform me at my office phone number, 813-265-2066.

Thank you.

Sincerely,

D. Shah, M.D.

DS/jas