

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

031136

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 08, 1999 8:00 am
Secretary of State

03-08-1999 90071 001 ***150.00

DOCUMENT # P98000012937

1. Corporation Name
MONEYTREE PRODUCTS, INC.



Principal Place of Business
1511 EAST COMMERCIAL BLVD., SUITE 127
FT. LAUDERDALE FL 33334

Mailing Address
1511 EAST COMMERCIAL BLVD., SUITE 127
FT. LAUDERDALE FL 33334

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1998

4. FEI Number

59-3544740

Applied For

Not Applicable

2. Principal Place of Business

21 5631-70th AVENUE N.

Suite, Apt. #, etc.

22 City & State

23 Pinellas Park FL

Zip Country

24 33781

25 USA

2a. Mailing Address

26 SAME

Suite, Apt. #, etc.

27 City & State

28 Pinellas Park FL

Zip Country

29 33781

30

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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

LACEY, RANDY
1511 EAST COMMERCIAL BLVD., SUITE 127
FT. LAUDERDALE FL 33334

10. Name and Address of New Registered Agent

81 Name

82 TRACY SCHULZ

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

5631-70th AVENUE N.

84 City

Pinellas Park

FL

85 Zip Code

33781

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

Tracy Schulz

(NOTE: Registered Agent signature required when reinstating)

DATE

2-18-99

12. OFFICERS AND DIRECTORS

TITLE PD
NAME LACEY, RANDY
STREET ADDRESS 1511 EAST COMMERCIAL BLVD., SUITE 127
CITY-ST-ZIP FT. LAUDERDALE FL 33334

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD
1.2 NAME Schulz, Tracy
1.3 STREET ADDRESS 5631-70th Ave N.
1.4 CITY-ST-ZIP Pinellas Park, FL 33781

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2-18-99 (800) 780 3847

CR2E034 (1/98)