

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **S72732** (8)

1. Corporation Name

DAD'S MONEY, INC.



Principal Place of Business

**2550 SOUTH BAYSHORE DRIVE
SUITE #12
COCONUT GROVE FL 33133**

Mailing Address

**2550 SOUTH BAYSHORE DRIVE
SUITE #12
COCONUT GROVE FL 33133**

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

08/08/1991

3a. Date of Last Report

04/20/1995

4. FEI Number

65-0275129

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

**CICERO, BETH
2550 SOUTH BAYSHORE DRIVE
SUITE #12
COCONUT GROVE FL 33133**

8a. Name

8b. Street Address (P.O. Box Number is Not Acceptable)

8c.

8d. City

FL

8e. Zip Code

11. Pursuant to the provisions of Sections 607.0302 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. Thereby 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 the corporation

(Print) Registered Agent Signature and Date (if applicable)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

1. TITLE ☐ Change ☐ Addition

NAME
STREET ADDRESS
CITY-STATE-ZIP

2. NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE

2. TITLE ☐ Change ☐ Addition

NAME
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CITY-STATE-ZIP

2. NAME
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CITY-STATE-ZIP

TITLE ☐ DELETE

3. TITLE ☐ Change ☐ Addition

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TITLE ☐ DELETE

4. TITLE ☐ Change ☐ Addition

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6. NAME
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TITLE ☐ DELETE

6. TITLE ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and do not qualify for the exemption stated in Section 119.07(3)(k), 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 in power, 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:

Beth E. Cicero
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/1/96
DATE

(35) 854-053
DEUTER PHONE #

CR2E034 (12/95)