

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY - 1 AM 12:43

SECRET / PUBLIC
TALLAHASSEE, FLORIDA

DOCUMENT # **F40916** (1)
1. Corporation Name
MUTUAL FUND DATA SERVICE, INC.

DO NOT WRITE IN THIS SPACE

Principal Office of Business Mailing Address
**4560 EDEN WOODS CIR
P.O. BOX 608659 (32960-8659)
ORLANDO FL 32810
US**

**PO BOX 608659
P.O. BOX 608659 (32960-8659)
ORLANDO FL 32860
US**

3. Date Incorporated or Qualified 08/19/1981	3a. Date of Last Report 08/26/1994
4. FFI Number 59-2121423	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 198.032 Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Office of Reporting 21. State Apt. # etc. 22. City & State 23. City	2b. Mailing Address 26. State Apt. # etc. 27. City & State 28. City
24. City	25. State Apt. # etc. 29. City
30. City	

9. Name and Address of Current Registered Agent
**BLOCK, KARL B
4560 EDEN WOODS CIRCLE
ORLANDO FL FL 32810**

10. Name and Address of New Registered Agent
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 607.0500 and 607.0501, 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 _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME PST BLOCK, KARL B 4560 EDEN WOODS CIR ORLANDO FL 32810	12.2 STREET ADDRESS ORLANDO F 32810	13.1 1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 NAME AT BLOCK, MARIE C.N. 16308 N COUNTY RD #225 GAINESVILLE FL 32609-4426	12.4 STREET ADDRESS 16308 N COUNTY RD #225 GAINESVILLE FL 32609-4426	13.2 2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.5 NAME	12.6 STREET ADDRESS	13.3 3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.7 NAME	12.8 STREET ADDRESS	13.4 4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.9 NAME	12.10 STREET ADDRESS	13.5 5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 NAME	12.12 STREET ADDRESS	13.6 6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.13 NAME	12.14 STREET ADDRESS	13.7 7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.15 NAME	12.16 STREET ADDRESS	13.8 8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 198.03(3)(b), Florida Statutes. I further certify that the information is made a part of the annual report or supplementary annual report as 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 treasurer or holder empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this report as an officer, director, or shareholder.

SIGNATURE: *Karl B. Block* **KARL B. BLOCK** 5-13-95 407-291-9409
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR