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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

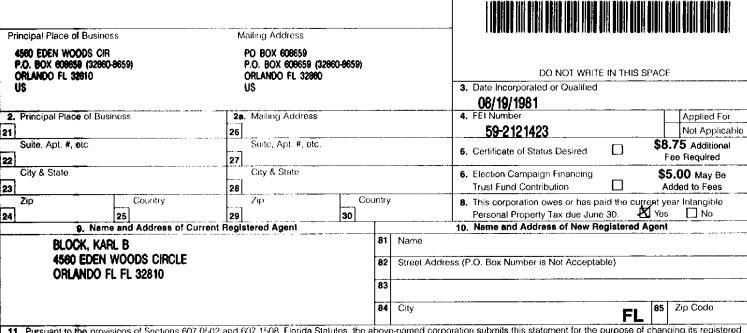
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(1)

MUTUAL FUND DATA SERVICE, INC.

FILED Apr 20 1998 8:00am Secretary of State



11. Pursuant to the provisions of Sections 607.05/02 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 regelered agent and title dia	moderatus (NOTE:	Registered Agent signature req	Gred when revoslation)	DATE	
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PST	DELETE	1.1 TITLE		Change	Addition
NAME	BLOCK, KARL B		1.2 NAME			
STREET ADDRESS	4560 EDEN WOODS CIR		1.3 STREET ADDRESS			
CITY-ST-ZIP	ORLANDO F		1.4 CITY - ST- 7IP			
TITLE	TAT	☐ DELETE	2.1 TITLE		Change	Addition
NAME	BLOCK, MARIE C.N.		2.2 NAME			i
STREET ADDRESS	16308 N COUNTY RD #225		2.3 STREET ADDRESS			
CITY-ST-ZIP	GAINESVILLE FL 28		2 4 CHY-SI-ZIP			
TITLE		☐ DELETE	3 1 TITLE		Change	Addilion
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP			3.4 CITY-ST-ZIP			
TITLE		DELETE	4.1 TOLE		Change	Addition
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZIP			
TITLE		DELETE	5.1 TITLE		Change	Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY - ST - ZIP			1010100
TITLE		DELETE	6.1 TITLE		☐ Change	Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			

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 offect as if made under oath; that I am an officer or director of the corporation or the receiver or trusted 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.

R B/MIN 3-19-98

407/291-9409