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Mar 10, 1999 8:00 am
Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **F40916**

1. Corporation Name
MUTUAL FUND DATA SERVICE, INC.



Principal Place of Business
 4560 EDEN WOODS CIR
 ORLANDO FL 32810
 US

Mailing Address
 4560 Eden Woods Cir.
 ORLANDO FL 32810
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
08/19/1981

4. FEI Number
59-2121423

5. Certificate of Status Desired Additional Fee Required **\$8.75**

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

2. Principal Place of Business
 21 **4560 Eden Woods Circle**
 Orlando, FL 32810

2a. Mailing Address
 26 **4560 Eden Woods Circle**
 Orlando, FL 32810

22 City & State

23 Zip Country

24 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BLOCK, KARL B
4560 EDEN WOODS CIRCLE
ORLANDO FL FL 32810

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 607.0502 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) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
PST	BLOCK, KARL B		
STREET ADDRESS	4560 EDEN WOODS CIR	1.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO F	1.4 CITY-ST-ZIP	
AT	BLOCK, MARIE C.N.	2.1 TITLE	2.2 NAME
STREET ADDRESS	16308 N COUNTY RD #225	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
CITY-ST-ZIP	GAINESVILLE FL 26	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: *Karl B. Beach, Pres* **Feb 8, 1999** **407/296-6389**

CR2E034 (11/98)