

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 # F95000004141 (6)

1. Corporation Name

ABERDEEN FUND MANAGERS, INC.



Principal Place of Business: **22ND FLOOR, NATIONSBANK TOWER FT LAUDERDALE FL 33396**
Mailing Address: **22ND FLOOR, NATIONSBANK TOWER FT LAUDERDALE FL 33396**

3. Date Incorporated or Qualified: **08/28/1995**
3a. Date of Last Report: _____
4. FEI Number: **51-0368279**
Applied For: Not Applicable
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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business (21) Suite, Apt. #, etc. (22) City & State (23) Zip (24) Country (25)
2a. Mailing Address (26) Suite, Apt. #, etc. (27) City & State (28) Zip (29) Country (30)

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**JOHNSON, ETHAN W ESQ
5300 FIRST UNION FINANCIAL CENTER
200 S. BISCAYNE BLVD
MIAMI FL 33131-2339**

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 _____ DATE _____
Signature typed or printed name of registered agent and the corporation (Print Name, Title, Address, and Telephone Number of Corporation)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: PD	<input type="checkbox"/> DELETE	1. TITLE: GILBERT, MARTIN J. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: GILBERT, MICHAEL J		2. NAME: _____
STREET ADDRESS: 17 RUBISLAW DEN NORTH/ ABERDEEN		3. STREET ADDRESS: _____
CITY-ST-ZIP: SCOTLAND AB2 4AL		4. CITY-ST-ZIP: _____
TITLE: DV	<input type="checkbox"/> DELETE	7. TITLE: DVT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: HENDRY, BEVERLEY		2. NAME: _____
STREET ADDRESS: 14 BURNSIDE WAY/ BALMEDIE, ABERDEENSHIRE		2.5 STREET ADDRESS: 100 S.E. THIRD AVENUE, SUITE 2210
CITY-ST-ZIP: SCOTLAND AB23 8XW		2.4 CITY-ST-ZIP: FT. LAUDERDALE, FL 33394
TITLE: S	<input type="checkbox"/> DELETE	3. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: WARREN, GEORGE		3.2 NAME: _____
STREET ADDRESS: 103 SPRINGER BLDG., 3411 SILVERSIDE ROAD		3.3 STREET ADDRESS: _____
CITY-ST-ZIP: WILMINGTON DE 19810		3.4 CITY-ST-ZIP: _____
TITLE: ATD	<input type="checkbox"/> DELETE	4. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: POPE, JAMES L		4.2 NAME: _____
STREET ADDRESS: 141 WEST SPRINGFIELD AVENUE		4.3 STREET ADDRESS: _____
CITY-ST-ZIP: PHILADELPHIA PA 19118		4.4 CITY-ST-ZIP: _____
TITLE: _____	<input type="checkbox"/> DELETE	5. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		5.2 NAME: _____
STREET ADDRESS: _____		5.3 STREET ADDRESS: _____
CITY-ST-ZIP: _____		5.4 CITY-ST-ZIP: _____
TITLE: _____	<input type="checkbox"/> DELETE	6. TITLE: _____ <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: _____		6.2 NAME: _____
STREET ADDRESS: _____		6.3 STREET ADDRESS: _____
CITY-ST-ZIP: _____		6.4 CITY-ST-ZIP: _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does 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 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.

SIGNATURE: *Ber Hardy*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/29/96
954 351 5589
Date Filed

CR2E034 (12/95)