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

**PROFIT CORPORATION** ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(3)

Mailing Address

FIDUCIARY MANAGEMENT CORPORATION

**FILED** Mar 06 1998 8:00am Secretary of State



CONGRESS CORPORATED PLAZA 220 BOCA RATON FL 33487		CONGRESS CORPORATE PLAZA 220 BOCA RATON FL 33487		DO NOT WRITE IN THIS SPACE	
US		US		3. Date Incorporated or Qualified 01/08/1992	
2. Principal F	Place of Business	2a. Mailing Address	•	4. FEI Number	Applied For
21		26		65-0309405	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	
City & State		City & State	,	6. Election Campaign Financing	\$5.00 May Be
<del></del>		28		Trust Fund Contribution	Added to Fees
24	Country 25	Zip	Country  8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. Yes No		
24	9, Name and Address of Currer		30]	10. Name and Address of New Registered	
CONWAY, STEPHEN P.			81 Name	10,	- Igoni
	NORESS CORPORATE PLAZA		82 Street A	ddrong (D.O. Day Nigotian in Net Association)	
SUITE 220			OZ Street At	ddress (P.O. Box Number is Not Acceptable)	
BOCA RATON FL 33487			63		
			84 City	FL	85 Zip Code
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Floride Statutes the above parent corporation submits this statement for the purpose of changing the 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.	Signature, typed or printed name of registered age OFFICERS ANI		: Registered Agent signature re	ADDITIONS/CHANGES TO OFFICERS AND	DIDECTORS IN 12
TITLE	PST	DELETE			Change Addition
NAME	CONWAY, STEPHEN P.	<b>—</b> · · · · · · ·	1.2 NAME	At' 9	24 0 100 100 100 100 100 100 100 100 100
STREET ADDRESS 902 CLINT MOORE ROAD, SUITE 220		JITE 220	1.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP		
TITLE	-	☐ DELETE		P, D	☐ Change ☑ Addition
NAME				David N. Bottoms Jr.	**
STREET ADDRESS				902 Clint Moore Rd. Sui	te 220
CITY-ST-ZIP				Boca Raton, FL 33487	
TITLE		☐ DELETE	3.1 TITLE	· ·	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELET <b>e</b>	4.1 THTLE		L Change
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	4.4 CiTY-ST-ZIP		Change 44491
NAME		☐ percie	5.1 TITLE 5.2 NAME		Change Addition
STREET ADDRESS			5.2 NAME 5.3 STREET ADDRESS		entro
CITY-ST-ZIP					7
TITLE		DELETÉ	5.4 CITY - ST - ZIP 6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	90000244890	) jej (
STREET ADDRESS			6.3 STREET ADDRESS	-03/06/980101101	1
CITY-ST-ZIP			6.4 CITY - ST - ZIP	***150.00	
14. Thereby o	sertify that the information supplied wi on this annual report or/supplomenta director of the corporation or the sco or Block 13 if changled, or on any atlay	th this filing does not qualify for annual report is true and accu- iver or trusted empoyered to ex incent with an address.	the everytion stated	in Section 119.07(3)(i), Florida Statutes. I further cer ature shall have the same legal effect as if made und equired by Chapter 607, Florida Statutes; and that m	tify that the information ler oath; that f am an ly name appears in