

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 # **F56322 (3)**

1. Corporation Name
TOTAL FINANCIAL MANAGEMENT CORP.



Principal Place of Business: **%MICHAEL R. MENG, 1860 NW BOCA RATON BL P.O. BOX 62 BOCA RATON FL 33429-7062**
Mailing Address: **%MICHAEL R. MENG, 1860 NW BOCA RATON BL P.O. BOX 62 BOCA RATON FL 33429-7062**

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 []

3. Date Incorporated or Qualified: **11/30/1981**
3a. Date of Last Report: **03/07/1995**
4. FEI Number: **59-2179973**
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

9. Name and Address of Current Registered Agent
**MENG, MICHAEL R. ESQ
1860 N.W. BOCA RATON BLVD.
BOCA RATON FL 33432**
10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: **FL**

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 607.0506, Florida Statutes.

SIGNATURE: _____
Signature type: [] Corporate name of registered agent and title if applicable [] Registered Agent signature required when remitting fee [] Other

12. OFFICERS AND DIRECTORS
TITLE: PD
NAME: **KATZ, DONALD B.** [] DELETE
STREET ADDRESS: **MAIN STREET**
CITY- ST- ZIP: **SAG HARBOR NY**
TITLE: SD
NAME: **KATZ, GERTRUDE** [] DELETE
STREET ADDRESS: **MAIN STREET**
CITY- ST- ZIP: **SAG HARBOR NY**
[] DELETE
[] DELETE
[] DELETE
[] DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE [] Change [] Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP
2.1 TITLE [] Change [] Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP
3.1 TITLE [] Change [] Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY- ST- ZIP
4.1 TITLE [] Change [] Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY- ST- ZIP
5.1 TITLE [] Change [] Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP
6.1 TITLE [] Change [] Addition
6.2 NAME
6.3 STREET ADDRESS
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(5)(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: 3/6/96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (12/95)