

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

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Mar 11, 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
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DOCUMENT # F56322 (3) *oc*

1. Corporation Name
TOTAL FINANCIAL MANAGEMENT CORP.

Principal Place of Business MICHAEL R. MENG 1860 NW BOCA RATON BL. BOCA RATON, FLORIDA 33429 P.O. BOX 62	Mailing Address MICHAEL R. MENG 1860 NW BOCA RATON BL. BOCA RATON, FL. 33429 P.O. BOX 62
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/30/1981

2. Principal Place of Business 21 2451 NW 59ST. Suite, Apt. #, etc. 22 #603 City & State 23 BOCA RATON, FLORIDA Zip Country 24 33496 25 U.S.A.	2a. Mailing Address 26 2451 NW 59ST. Suite, Apt. #, etc. 27 #603 City & State 28 BOCA RATON, FLORIDA Zip Country 29 33496 30 U.S.A.
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4. FEI Number 59-2179973	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent
MENG MICHAEL R. ESQ
 1860 NW BOCA RATON BLVD.
 BOCA RATON, FL 33432

10. Name and Address of New Registered Agent

81 Name DONALD B. KATZ
82 Street Address (P.O. Box Number is Not Acceptable) 2451 NW 59ST.
83 #603
84 City BOCA RATON
85 Zip Code FL 33496

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: *Donald B. Katz* (Signature, typed or printed name of registered agent and title if applicable) (NOTE Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	DD KATZ DONALD B MAIN STREET SAG HARBOR, NY 11963	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD KATZ GERTRUDE MAIN STREET SAG HARBOR, NY 11963	<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE
TITLE NAME STREET ADDRESS CITY-ST-ZIP		<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: *Donald B. Katz* (Signature and typed or printed name of signing officer or director) Date: **3/11/99** Daytime Phone # _____

CR2E034 (1/198)