

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K20310

(4)

1. Corporation Name

FUNCTIONAL MANAGEMENT, INC.



Principal Place of Business

Mailing Address

700 N.E. HARBOUR TERRACE #325
P.O. BOX 822, C/O EDWIN W. CAMERON
BOCA RATON FL 33431

700 N.E. HARBOUR TERRACE #325
P.O. BOX 822, C/O EDWIN W. CAMERON
BOCA RATON FL 33431

3. Date Incorporated or Qualified

04/06/1988

3a. Date of Last Report

02/28/1995

4. FEI Number

65-0042744

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

2a. Mailing Address

21 #325 c/o Edwin W. Cameron

2a #325 c/o Edwin W. Cameron

22 Suite, Apt. #, etc.

27 Suite, Apt. #, etc.

22 Boca Raton, Fla

27 Boca Raton, Fla

23 City & State

28 City & State

24 Zip 33431

25 Country U.S.A.

29 Zip 33431

30 Country U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMERON, EDWIN W.
700 NE HARBOUR TERRACE
SUITE 325
BOCA RATON FL 33431

81 Name

Edwin W. Cameron

82 Street Address (P.O. Box Number is Not Acceptable)

700 NE Harbour Terrace, #325

83 City

Boca Raton

FL

85 Zip Code

33431

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

Edwin W. Cameron

Feb 16, 1996

(Signature, by itself or printed name of registered agent and title, if applicable)

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME CAMERON, EDWIN W.
STREET ADDRESS 700 NE HARBOR TERR #325
CITY-ST-ZIP BOCA RATON FL

TITLE DV ☐ DELETE

NAME CAMERON, WINIFRED E.
STREET ADDRESS 700 NE HARBOR TERR #325
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

NAME ☐ DELETE

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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: Edwin W. Cameron

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb 16, 1996 FAX 407-338-7746

DATE

DAYTIME PHONE #

CR2E034 (12/95)