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FILED
Mar 21 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # **K40165** (8)

1. Corporation Name
FINANCIAL MANAGEMENT CONTROL, INC.



Principal Place of Business
**1926 HOLLYWOOD BLVD.
SUITE 323
HOLLYWOOD FL 33020-4524**

Mailing Address
**1926 HOLLYWOOD BLVD.
SUITE 323
HOLLYWOOD FL 33020-4543**

3. Date Incorporated or Qualified
10/20/1988

3a. Date of Last Report
04/10/1996

4. FEI Number
65-0191433

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. Country

26. Mailing Address

27. Suite, Apt. #, etc.

28. City & State

29. Zip

30. Country

9. Name and Address of Current Registered Agent

**KOVACS, STEPHEN
1926 HOLLYWOOD BLVD.
SUITE 323
HOLLYWOOD FL 33020**

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

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 _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE ☐ DELETE

2. NAME **P KOVACS, STEPHEN**

3. STREET ADDRESS **1926 HOLLYWOOD BLVD.**

4. CITY- ST- ZIP **HOLLYWOOD FL**

5. TITLE ☐ DELETE

6. NAME **ST THOMAS, JOHN W.**

7. STREET ADDRESS **1926 HOLLYWOOD BLVD.**

8. CITY- ST- ZIP **HOLLYWOOD FL**

9. TITLE ☐ DELETE

10. NAME

11. STREET ADDRESS

12. CITY- ST- ZIP

13. TITLE ☐ DELETE

14. NAME

15. STREET ADDRESS

16. CITY- ST- ZIP

17. TITLE ☐ DELETE

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89. TITLE ☐ DELETE

90. NAME

91. STREET ADDRESS

92. CITY- ST- ZIP

93. TITLE ☐ DELETE

94. NAME

95. STREET ADDRESS

96. CITY- ST- ZIP

97. TITLE ☐ DELETE

98. NAME

99. STREET ADDRESS

100. CITY- ST- ZIP

14. I do 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 included 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 or changed on an attachment with an address.

SIGNATURE: Stephen Kovacs
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date _____ Daytime Phone # _____

CR2E034 (9/96)