


FILED
Apr 13, 1999 8:00 am
Secretary of State

04-13-1999 90067 039 ****61.25

NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N98000005449

1. Corporation Name

THE RECURSIONIST FUND, INC.

Principal Place of Business

5150 TAMiami TRAIL N., SUITE 502
NAPLES FL 34103-1

Mailing Address

5150 TAMiami TRAIL N., SUITE 502
NAPLES FL 34103-1

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21		26		09/18/1998	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number 59-353-5995	
22		27		Applied For	
City & State		City & State		Not Applicable	
23		28		5. Certificate of Status Desired <input type="checkbox"/>	
Zip		Zip		Country	
24		29		Country	
25		30		6. Election Campaign Financing	
				Trust Fund Contribution <input type="checkbox"/>	
				\$5.00 May Be Added to Fees	

9. Name and Address of Current Registered Agent

GOODMAN, KENNETH D
3833 TAMiami TRAIL N., SUITE 300
NAPLES FL 34103

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARRIS, SCOTT M	1.2 NAME	
STREET ADDRESS	4718 VILLA MARE	1.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROPHY, DANIEL F	2.2 NAME	
STREET ADDRESS	1616 N. HUDSON #10	2.3 STREET ADDRESS	
CITY-ST-ZIP	CHICAGO IL 60614	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FOX, JAMES R	3.2 NAME	
STREET ADDRESS	4707 VILLA MARE	3.3 STREET ADDRESS	
CITY-ST-ZIP	NAPLES FL 34103	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 617, 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: Scott Harris **SIGNATURE REQUIRED**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/7/99

Date

941-430-0570

Daytime Phone #

CR2E037-41981