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PROFIT CORPORATION ANNUAL REPORT



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

1996

P93000012107 (7)

DOCUMENT # 1. Corporation Name FINANCIAL MANAGEMENT STRATEGIES, INC.

Principal Place of Business 2699 LEE ROAD STE 320 WINTER PARK FL 32789 US 2699 LEE ROAD STE 320 WINTER PARK FL 32789 US 3. Date Incorporated or Qualified O2/08/1993 3. Date Incorporated or Qualified O2/08/1993 4. FEI Number Applied For Applied For Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc Suite, Apt. #, etc City & State City & State City & State 28 Country Applied For Suite, Apt. #, etc Suite, Apt. #, et	THANGIAL MANAGEMENT OTTATEGIES, INC.									
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27	2. Principal Pla 21	ce of Business	F	ailing Address						
28	Suite, Apt. #	, etc	here's	rte. Apt. #, etc.			5. Certificate of Status Desired			
25 29 30	Orty & State		F 1	ly & State			·			
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## RICKE, BRIAN L 2899 LEE ROAD \$TE 320 White PARK FL 32789 11. Fursuant to the provisions of Sections 607 0507 and Color 1508, Florar h Statutes, the above named corporation submits this statement for the purpose of changing its registered effice or registered agent, or both in this State of Torius. Statut change was additionard by the corporation's board of directors. I nearby accept the appointment as registered effice or registered agent, or both in this State of Torius. Statut change was additionard by the corporation's board of directors. I nearby accept the appointment as registered effice. 10.		9. Name and Address of Curren	t Registere	ed Agent			10. Name and Address of New	Registered Age	ınt	
2689 LEE ROAD STE 320					81	Name				
STE 320					82	Street Add	ress (P.O. Box Number is Not Accepta	.ble)		
### City					83					
The Purpose of Sections CO / 05/02 and CO / 15/05 Enrich Stations (the above named corporation submits this statement for the purpose of changing its registered office of registered algorithm of the purpose of the purpose of 15/05 Subject April 15/05 Subje								······································		
Control Cont	******				84	City		FL	IS Zip Code	
12	or registere	d agent, or both in the State of Florid	Ja Such ch	ange was authoriz	red by the corp	named corpor uration's boa	ration submits this statement for the purion of directors. Thereby accept the app	irpose of changi pointment as reg	ng its registered office listered agent. I am	
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receiffy that the information indicated on this annual report or supplemental and does not quality for the exemption stated in Section 119.07(3)(k), Florida Statutes. Fforther 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 early that I am an officer or director of the corporation or the receiver or trusple empowered to electe 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 induces.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING DEPICER OR DIRECTOR