


AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Aug 12, 1999 8:00 am
Secretary of State

08-12-1999 90005 035 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P93000057406 1. Corporation Name MUTUAL FUND SPECIALISTS, INC.			
Principal Place of Business 4560 EDEN WOODS CIRCLE ORLANDO FL 32810 US		Mailing Address P.O. BOX 608659 ORLANDO FL 32860	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 21 1531 Aloma Avenue Suite, Apt. #, etc. 22		2a. Mailing Address 26 P.O. Box 2767 Suite, Apt. #, etc. 27	
City & State 23 Winter Park, Florida Zip Country 24 32789 25 U.S.A.		City & State 28 Winter Park, Florida Zip Country 29 32790-2767 30 U.S.A.	
9. Name and Address of Current Registered Agent BLOCK, KARL B 4560 EDEN WOODS CIR ORLANDO FL 32810		10. Name and Address of New Registered Agent 81 Name Toelke, Roger A 82 Street Address (P.O. Box Number is Not Acceptable) 1531 Aloma Avenue 83 84 City Winter Park, FL 85 Zip Code 32789	
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 <u><i>R.A. Toelke</i></u> DATE <u>8/30/99</u> <small>Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reappointing)</small>			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE D <input checked="" type="checkbox"/> DELETE NAME BLOCK, KARL B STREET ADDRESS 4560 EDEN WOODS CIR CITY-ST-ZIP ORLANDO FL 32810	1.1 TITLE P. <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME Toelke, Roger A 1.3 STREET ADDRESS 1531 Aloma Avenue 1.4 CITY-ST-ZIP Winter Park, Florida 32789	TITLE D <input checked="" type="checkbox"/> DELETE NAME BLOCK, MARIE C N STREET ADDRESS 16308 N COUNTY RD #225 CITY-ST-ZIP GAINESVILLE FL 32609-4426	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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	TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS 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.			
SIGNATURE: <u><i>R.A. Toelke</i></u> <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>			

CR2E034 (5/99)