

FILED
Jul 23, 1999 8:00 am
Secretary of State

07-23-1999 90004 025 ***150.00

AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750)

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000042174
 1. Corporation Name
BOLEY & FATTORI, FINANCIAL MANAGEMENT SERVICES I NC.



Principal Place of Business 11900 SE FEDERAL HWY SUITE 205 HOBE SOUND FL 33455 US	Mailing Address 11900 SE FEDERAL HWY SUITE 205 HOBE SOUND FL 33455 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24	Country 25
Country 25	Zip 29
Country 25	Country 30

3. Date Incorporated or Qualified 06/01/1994	
4. FEI Number 65-0496103	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FATTORI, ARMAND T
 11900 SE FEDERAL HWY
 HOBE SOUND FL 33455

10. Name and Address of New Registered Agent

81 Name Leslie S. Boley	
82 Street Address (P.O. Box Number is Not Acceptable) 8132 SE CROFT CIRCLE A-4	
83 HOBE SOUND, FL 33455	
84 City FL	85 Zip Code

11. Pursuant to the provisions of sections 607.0502 and 607.1506, 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 and familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

SIGNATURE Leslie S. Boley DATE **8/2/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FATTORI, ARMAND T		1.2 NAME	
STREET ADDRESS 11900 SE FEDERAL HWY		1.3 STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND FL		1.4 CITY-ST-ZIP	
TITLE ST	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME BOLLEY, LESLIE S		2.2 NAME	Boley, Leslie S.
STREET ADDRESS 11900 SE FEDERAL HWY		2.3 STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND FL		2.4 CITY-ST-ZIP	
TITLE VP	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME ARNOLD, FLORENCE		3.2 NAME	
STREET ADDRESS 11900 SE FEDERAL HWY		3.3 STREET ADDRESS	
CITY-ST-ZIP HOBE SOUND FL		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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Leslie S. Boley DATE **7/1/99** DAYTIME PHONE # **561-546-7740**
Signature and typed or printed name of signing officer or director

CR2E034 (5/89)

P94000042174
603104-90012-57

BOLEY & FATTORI
Financial Management Services Inc.

11900 SE Federal Hwy - Barnett Bank Building - Suite 205
Hobe Sound, Florida 33455
(561) 546-7740. Fax 546-1366

Leslie S. Boley, EA#59186
Accountant

July 12, 1999

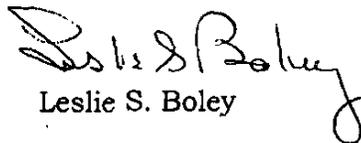
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

Per our telephone conversation, I am enclosing the "Second Notice" we received and our check in the amount of \$150.00, with the following explanation:

We are a very small, two - three person business. Al Fattori, the president, was responsible for paying all of the bills for the corporation. During tax season, Al Fattori had a stroke, our secretary had an auto accident and I'm afraid that all of the work fell on my shoulders. I obviously miss something because, when we received this notice, I looked through our checkbook and was unable to find that we had made this payment.

Thank you very much for accepting this explanation and forgiving the late payment penalty.

Very truly yours,


Leslie S. Boley

cc: [unclear]
[unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]
[unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear] [unclear]