

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

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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
06/01/1994

4. FEI Number
65-0496103

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 owes the current year Intangible Personal Property. ☐ Yes ☒ No

2. Principal Place of Business
 21 Suite, Apt. #, etc.
 22 City & State
 23 Zip Country
 24

2a. Mailing Address
 26 Suite, Apt. #, etc.
 27 City & State
 28 Zip Country
 29

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 607.1508, 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, am familiar with, and accept the obligations of, section 607.0505, Florida Statutes.

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

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	FATTORI, ARMAND T	
STREET ADDRESS	11900 SE FEDERAL HWY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BOLEY, LESLIE S	
STREET ADDRESS	11900 SE FEDERAL HWY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	ARNOLD, FLORENCE	
STREET ADDRESS	11900 SE FEDERAL HWY	
CITY-ST-ZIP	HOBE SOUND FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Boley, Leslie S.
2.3 STREET ADDRESS	
2.4 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	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 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	
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: *Leslie S. Boley* 7/1/99 561-546-7740
 Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (5/99)

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

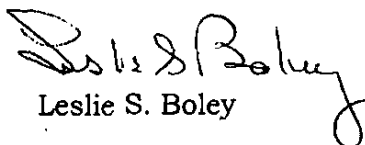
Division of Corporations
Annual Reports Filings
P.O. Box 1500
Tallahassee, FL 32302-1500

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