

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Mar 18 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000021879  
1. Corporation Name

FUNDS MANAGEMENT CORPORATION

Principal Place of Business: 1980 North Atlantic Ave.  
Suite 514  
Cocoa Beach, FL 32931  
Mailing Address: 1980 North Atlantic Ave.  
Suite 514  
Cocoa Beach, FL 32931

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 100 Rialto Place Suite, Apt. #, etc. 22 Suite 875 City & State 23 Melbourne, FL Zip 24 32901 Country 25 USA		2a. Mailing Address 26 100 Rialto Place Suite, Apt. #, etc. 27 Suite 875 City & State 28 Melbourne, FL Zip 29 32901 Country 30 USA		3. Date Incorporated or Qualified 03/11/1997	
		4. FEI Number 59-3431310		Applied For 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 or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301-2525

81 Name James M. O'Brien, Esq.  
82 Street Address (P.O. Box Number is Not Acceptable)  
1686 West Hibiscus Blvd.  
83  
84 City Melbourne FL 85 Zip Code 32901

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 

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JAROV, Valentine V.	1.2 NAME	
STREET ADDRESS	1980 N. Atlantic Ave., Ste 902-4	1.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Beach, FL 32931	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	OSETROV, Sergei V.	2.2 NAME	DPST
STREET ADDRESS	1980 N. Atlantic Ave., Ste. 902-4	2.3 STREET ADDRESS	
CITY-ST-ZIP	Cocoa Beach, FL 32931	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		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		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		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:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

03/09/98

(407) 799-1355

Date

Daytime Phone

CR2E034 (10/97)