

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR 10 AM 8:34

DOCUMENT # S65589 (1)

1. Corporation Name

FINANCIAL MANAGEMENT SERVICES UNLIMITED, INC.

Principal Place of Business

150 NORTH U.S. HIGHWAY ONE  
STORE #16  
TEQUESTA FL 33469

Mailing Address

150 NORTH U.S. HIGHWAY ONE  
STORE #16  
TEQUESTA FL 33469

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified  
07/11/1991

3a. Date of Last Report  
04/19/1994

4. FEI Number  
65-0280238

Applied For  
Not Applicable

5. Certificate of Status Desired

☐ \$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution ☐ Added to Fees

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

24 Zip Country

29 Zip Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NEWHALL, COLLEEN N.  
120 NORTH U.S. HIGHWAY ONE  
SUITE 200  
TEQUESTA FL 33469

81 Name  
ROBERT C. OHL

82 Street Address (P.O. Box Number is Not Acceptable)  
113 East Inlet Dr

83

84 City Palm Beach FL 85 Zip Code 33480

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

*Robert C. OHL* ROBERT C. OHL

2/14/95

(Signature, typed or printed name of registered agent and date if applicable)

(NOTE: Registered Agent signature required when renouncing)

DATE

12. OFFICERS AND DIRECTORS

|                |                      |
|----------------|----------------------|
| TITLE          | PD                   |
| NAME           | OHL, ROBERT C.       |
| STREET ADDRESS | 113 E. INLET DR.     |
| CITY-ST-ZIP    | PALM BEACH FL        |
| TITLE          | VPD                  |
| NAME           | MUSANTE, MARY R      |
| STREET ADDRESS | 120 N. U.S. HWY ONE  |
| CITY-ST-ZIP    | TEQUESTA FL          |
| TITLE          | D                    |
| NAME           | NELSON, EDWIN J.     |
| STREET ADDRESS | 120 N. U.S. HWY. ONE |
| CITY-ST-ZIP    | TEQUESTA FL          |
| TITLE          | VSD                  |
| NAME           | LYNCH, MICHAEL.      |
| STREET ADDRESS | 120 N. U.S. HWY. ONE |
| CITY-ST-ZIP    | TEQUESTA FL          |
| TITLE          |                      |
| NAME           |                      |
| STREET ADDRESS |                      |
| CITY-ST-ZIP    |                      |
| TITLE          |                      |
| 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 type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME           | SECRETARY                                                                    |
| 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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME           | VICE PRES. + <del>SECRETARY</del>                                            |
| 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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 this 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:

*Robert C. OHL* PRESIDENT

2/14/95

Date Daytime Phone #