


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

FILED

Mar 28 1997 8:00am
Secretary of State

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|--|--|---|---|--|--|
| PROFIT CORPORATION ANNUAL REPORT 1997 | |  | | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS | |
| DOCUMENT # 565589 1. Corporation Name FINANCIAL MANAGEMENT Services Unlimited INC | | | | | |
| Principal Place of Business 150 NORTH US Hwy. One Store # 16 Tequesta FL 33469 | | | Mailing Address c/o Bay Colony Financial 15 BROAD ST BOSTON MA 02109 | | |
| 2. Principal Place of Business 21 State, Apt. #, etc. 22 City & State 23 Zip 24 Country | | 2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country | | 3. Date Incorporated or Qualified 7/11/91 3a. Date of Last Report 1996 4. FEI Number 65-0280238 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 9. Name and Address of Current Registered Agent ROBERT C. OHL 113 EAST Inlet Dr Palm Beach FL 33480 | | | 10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. | | | | | |
| SIGNATURE (Type name, type of position held, and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE | | | | | |
| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
| 12.1 TITLE <input type="checkbox"/> DELETE NAME PD STREET ADDRESS OHL, ROBERT C. CITY-STATE-ZIP 113 EAST Inlet Dr. Palm Beach FL 33480 | | | 11.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 12.1 NAME 13.1 STREET ADDRESS 14.1 CITY-STATE-ZIP | | |
| 12.2 TITLE <input type="checkbox"/> DELETE NAME UTDS STREET ADDRESS MUSANTE MARY R. CITY-STATE-ZIP 120 N. US Hwy One Tequesta FL | | | 21.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 22.1 NAME 23.1 STREET ADDRESS 24.1 CITY-STATE-ZIP | | |
| 12.3 TITLE <input type="checkbox"/> DELETE NAME D STREET ADDRESS Nelson, Edwin J. CITY-STATE-ZIP 120 N. US Hwy One Tequesta FL | | | 31.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 32.1 NAME 33.1 STREET ADDRESS 34.1 CITY-STATE-ZIP | | |
| 12.4 TITLE <input checked="" type="checkbox"/> DELETE NAME USD STREET ADDRESS LYNCH Michael CITY-STATE-ZIP 120 N. US Hwy One Tequesta FL | | | 41.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 42.1 NAME 43.1 STREET ADDRESS 44.1 CITY-STATE-ZIP | | |
| 12.5 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | | | 51.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 52.1 NAME 53.1 STREET ADDRESS 54.1 CITY-STATE-ZIP | | |
| 12.6 TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-STATE-ZIP | | | 61.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 62.1 NAME 63.1 STREET ADDRESS 64.1 CITY-STATE-ZIP | | |
| 14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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: <i>Robert C. OHL</i> ROBERT C. OHL | | | 3/20/97 561-842-2545 | | |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR | | | Date Daytime Phone # | | |

CR2E034 (9/96)