

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

FILED
Mar 16 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 # 565589

1. Corporation Name

FINANCIAL MANAGEMENT Services
UNLIMITED INC

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21	113 EAST Inlet DR	26	15 Broad ST	7/11/91	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
22		27		65-0280238	
City & State		City & State		Applied For	
23	Palm Beach FL	28	Boston MA	Not Applicable	
24	Zip 33480	29	Zip 02109	5. Certificate of Status Desired	
25	Country	30	Country	☐ \$8.75 Additional Fee Required	
9. Name and Address of Current Registered Agent				6. Election Campaign Financing	
Robert C. OHL				☐ \$5.00 May Be Added to Fees	
113 East Inlet DR				Trust Fund Contribution	
Palm Beach FL 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.				8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30.	
SIGNATURE				☐ Yes ☒ No	

10. Name and Address of New Registered Agent	
81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	☐ Change ☐ Addition
NAME	ROBERT C. OHL	1.2 NAME	
STREET ADDRESS	113 EAST Inlet DR	1.3 STREET ADDRESS	
CITY-ST-ZIP	Palm Beach FL 33480	1.4 CITY-ST-ZIP	
TITLE	VTDS	2.1 TITLE	☐ Change ☐ Addition
NAME	MARY R. Musante	2.2 NAME	
STREET ADDRESS	120 N. US HIGHWAY ONE	2.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	EDWIN J. Nelson	3.2 NAME	
STREET ADDRESS	120 N. US HIGHWAY ONE	3.3 STREET ADDRESS	
CITY-ST-ZIP	TEQUESTA FL 33469	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ 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: Robert C. OHL Date: 2/25/98

CR2E034 (10/97)