

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # V05120 (3)  
1. Corporation Name

FIDUCIARY MANAGEMENT CORPORATION

Principal Place of Business Mailing Address  
Congress Corporate Plaza  
Suite 220  
902 Clint Moore Road  
Boca Raton, FL 33487  
SAME

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent

CONWAY, STEPHEN P.  
902 CLINT MOORE RD #220  
BOCA RATON, FL 33487

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS	
TITLE	[ ] DELETE
NAME	VP Stephen P. Conway VP
STREET ADDRESS	902 Clint Moore Rd #220
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	[ ] DELETE
NAME	David N. Bottoms P
STREET ADDRESS	902 Clint Moore Rd #220
CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	[ ] DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	[ ] Change [ ] Addition
12 NAME	300002774579-4
13 STREET ADDRESS	-02/15/99 -01014-004
14 CITY-ST-ZIP	****150.00 ****150.00
21 TITLE	[ ] Change [ ] Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	[ ] Change [ ] Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	[ ] Change [ ] Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	[ ] Change [ ] Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	[ ] Change [ ] Addition
62 NAME	
63 STREET ADDRESS	
64 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)(b), 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, with all other blocks completed.

SIGNATURE: David N. Bottoms  
2-9-99  
581 997 564

99 FEB - 8 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
01/08/1992  
4. FEI Number  
65-0309405  
Applied For  
Not Applicable  
5. Certificate of Status Desired [ ] \$8.75 Additional Fee Required  
6. Election Campaign Financing [ ] \$5.00 May Be Added to Fees  
7. This corporation owes the current year Intangible Personal Property Tax. [ ] Yes [ ] No  
10. Name and Address of New Registered Agent

CR2E034 (11/98)