

FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 763371 (2)

1. Corporation Name
AMERICAN FINNISH TOURIST CLUB, INC.



Principal Place of Business: C/O KARL NIKULA, 301 CENTRAL BLVD., LANTANA FL 33462
Mailing Address: C/O KARL NIKULA, 301 CENTRAL BLVD., LANTANA FL 33462

3. Date Incorporated or Qualified: 05/20/1982
3a. Date of Last Report: 03/24/1995

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-headers for Suite, Apt. #, etc. and City & State.

4. FEI Number: 59-0689982
5. Certificate of Status Desired: [X] \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution: [] \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: [] Yes [] No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KARL A NIKULA
301 CENTRAL BLVD
LANTANA FL 33462

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code: FL

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETED
NAME	NIKULA, KARL	
STREET ADDRESS	250 J.F. K. DR. #302	
CITY - ST - ZIP	ATLANTIS FL	
TITLE	S	DELETED
NAME	KIVI, VUOKKO	
STREET ADDRESS	1207 SEA PINES LANE	
CITY - ST - ZIP	LANTANA FL	
TITLE	TD	DELETED
NAME	LEISIO, ELISE L.	
STREET ADDRESS	1341 FLAMINGO DR	
CITY - ST - ZIP	LANTANA FL	
TITLE	D	DELETED
NAME	JARVI, ANNIKKI	
STREET ADDRESS	2615 NE 1ST CT., #401	
CITY - ST - ZIP	LANTANA, F 00000	
TITLE	T	DELETED
NAME	TAMMI, HELVI A.	
STREET ADDRESS	157 ATLANTIS BLVD #308	
CITY - ST - ZIP	ATLANTIS FL	
TITLE	VD	DELETED
NAME	LOPONEN, EINO	
STREET ADDRESS	510 N 24 AVE	
CITY - ST - ZIP	LAKE WORTH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	[] Change [] Addition
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
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	[X] Change [] Addition
52 NAME	T Carlson, Pirkko
53 STREET ADDRESS	7265 East Oakridge Circle
54 CITY - ST - ZIP	Lantana, FL 33462
61 TITLE	[X] Change [] Addition
62 NAME	VD Seppo Vilkkila
63 STREET ADDRESS	1747 North 4th Avenue, #3
64 CITY - ST - ZIP	Lake Worth, FL 33460

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 617.0503(1)(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 the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Karl A. Nikula*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Feb. 16th 1996 1-705-966-0597
DATE DAYTIME PHONE #

CR2E037 (12/95)