

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

|                                                                  |                                                                                   |                                                                                                          |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|
| <b>PROFIT CORPORATION</b><br><b>ANNUAL REPORT</b><br><b>1996</b> |  | <b>FLORIDA DEPARTMENT OF STATE</b><br>Sandra B. Morham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|------------------------------------------------------------------|-----------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|

**DOCUMENT # G66265 (1)**

1. Corporation Name

**WAYNE F. FINGER, INC.**



Principal Place of Business

Mailing Address

**% WAYNE F. FINGER**  
**3809 MASTERPIECE GARDENS RD**  
**LAKE WALES FL 33853**

**% WAYNE F. FINGER**  
**3809 MASTERPIECE GARDENS RD**  
**LAKE WALES FL 33853**

|                                                                                                                                                         |                                                      |
|---------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>3. Date Incorporated or Qualified</b><br>10/25/1983                                                                                                  | <b>3a. Date of Last Report</b><br>04/27/1995         |
| <b>4. FEI Number</b><br>59-2348507                                                                                                                      | Apply For<br><input type="checkbox"/> Not Applicable |
| <b>5. Certificate of Status Desired</b> <input type="checkbox"/>                                                                                        | <b>\$8.75 Additional Fee Required</b>                |
| <b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>                                                                  | <b>\$5.00 May Be Added to Fees</b>                   |
| <b>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes</b> <input type="checkbox"/> Yes <input type="checkbox"/> No |                                                      |

|                                                                                                                                        |                                                                                                                             |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <b>2. Principal Place of Business</b><br><b>21</b> Suite, Apt. #, etc.<br><b>22</b> City & State<br><b>23</b> Zip<br><b>24</b> Country | <b>2a. Mailing Address</b><br><b>26</b> Suite, Apt. #, etc.<br><b>27</b> City & State<br><b>28</b> Zip<br><b>29</b> Country |
|----------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|

**9. Name and Address of Current Registered Agent**

**FINGER, WAYNE F.**  
**3809 MASTERPIECE GARDENS RD**  
**LAKE WALES FL 33853**

**10. Name and Address of New Registered Agent**

|                                                                                                               |                              |
|---------------------------------------------------------------------------------------------------------------|------------------------------|
| <b>81</b> Name<br><b>82</b> Street Address (P.O. Box Number is Not Acceptable)<br><b>83</b><br><b>84</b> City | <b>FL</b> <b>85</b> 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, here, for principal and registered agent and the applicable

(the FEI Registered Agent signature required when resubmitted)

DATE

| 12. OFFICERS AND DIRECTORS                                                 |                                                                                                                                     |
|----------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------|
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <b>DP</b> <input type="checkbox"/> DELETE<br><b>FINGER, WAYNE F</b><br><b>3809 MASTERPIECE GRDNS</b><br><b>LAKE WALES, FL 00000</b> |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b>                       | <b>D</b> <input type="checkbox"/> DELETE<br><b>FINGER, MICHELLE M.</b><br><b>3809 MASTERPIECE GRDNS</b><br><b>LAKE WALES FL</b>     |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> DELETE                                                                                                     |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> DELETE                                                                                                     |
| <b>TITLE</b><br><b>NAME</b><br><b>STREET ADDRESS</b><br><b>CITY-ST-ZIP</b> | <input type="checkbox"/> DELETE                                                                                                     |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12                                  |                                                                   |
|----------------------------------------------------------------------------------------|-------------------------------------------------------------------|
| <b>11 TITLE</b><br><b>12 NAME</b><br><b>13 STREET ADDRESS</b><br><b>14 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>21 TITLE</b><br><b>22 NAME</b><br><b>23 STREET ADDRESS</b><br><b>24 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>31 TITLE</b><br><b>32 NAME</b><br><b>33 STREET ADDRESS</b><br><b>34 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>41 TITLE</b><br><b>42 NAME</b><br><b>43 STREET ADDRESS</b><br><b>44 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>51 TITLE</b><br><b>52 NAME</b><br><b>53 STREET ADDRESS</b><br><b>54 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| <b>61 TITLE</b><br><b>62 NAME</b><br><b>63 STREET ADDRESS</b><br><b>64 CITY-ST-ZIP</b> | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

**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 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:**

*Wayne F. Finger*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**WAYNE F. FINGER**

8/2/96

941  
676-7621

CR2E034 (3/96)