

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L63621** (1)

1. Corporation Name
THE FINDERS SHOPPE, INC.



Principal Place of Business
**1076 YORK WAY
PORT ORANGE FL 32119**

Mailing Address
**1076 YORK WAY
PORT ORANGE FL 32119**

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

3. Date Incorporated or Qualified	3a. Date of Last Report
04/04/1990	03/09/1995
4. FEI Number	Applied For Not Applicable
59-3001111	
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 type="checkbox"/> No

9. Name and Address of Current Registered Agent

**HOLLING, GORDON L.
1076 YORK WAY
PORT ORANGE FL 32119**

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 607.01(1) 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. Thereby I accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HOLLING, GORDON L.	12 NAME	
STREET ADDRESS	1076 YORK WAY	13 STREET ADDRESS	
CITY-STATE	PORT ORANGE FL	14 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE	DVT	15 TITLE	
NAME	HOLLING, JANE M.	16 NAME	
STREET ADDRESS	1076 YORK WAY	17 STREET ADDRESS	
CITY-STATE	PORT ORANGE FL	18 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		19 TITLE	
NAME		20 NAME	
STREET ADDRESS		21 STREET ADDRESS	
CITY-STATE		22 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		23 TITLE	
NAME		24 NAME	
STREET ADDRESS		25 STREET ADDRESS	
CITY-STATE		26 CITY-STATE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		27 TITLE	
NAME		28 NAME	
STREET ADDRESS		29 STREET ADDRESS	
CITY-STATE		30 CITY-STATE	<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)(d), Florida Statutes. I further certify that the information contained in 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 trustee 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: *Gordon L. Holling*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-8-96
1-8-96
904-756-2451
2011 2011 2011

CR2E034 (12/95)