

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

PROFIT CORPORATION ANNUAL REPORT



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

1996 4-12-96

B-3553 C

DOCUMENT # S90967

(8)

1. Corporation Name

FINN ENTERPRISES, INC.



Principal Place of Business

2348 RIVER ROAD
JACKSONVILLE FL 32207-4015
US

Mailing Address

2348 RIVER ROAD
JACKSONVILLE FL 32207-4015
US

2. Principal Place of Business

2a. Mailing Address

21	State, Apt. #, etc.	26	State, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
25		30	

9. Name and Address of Current Registered Agent

ROSENBAUM, DAVID
C/O MALLAH, FURMAN & COMPANY
1399 S-W FIRST AVE
MIAMI FL 33130

81	Name	
82	Street Address (P.O. Box Numbers Not Acceptable)	1001 South Bayshore Drive #1400
83	City	Miami
84	State	FL
85	Zip Code	33131

3. Date incorporated or Qualified	10/31/1991	3a. Date of Last Report	03/30/1995
4. FEI Number	65-0321405	Applied For Not Applicable	
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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
10. Name and Address of New Registered Agent			

11. Pursuant to the provisions of Sections 603.06 and 603.07, 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, accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 603.06, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	GOLD, JANICE FINN	
STREET ADDRESS	2348 RIVER ROAD	
CITY-STATE-ZIP	JACKSONVILLE FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-STATE-ZIP	
15 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
16 NAME	
17 STREET ADDRESS	
18 CITY-STATE-ZIP	
19 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
20 NAME	
21 STREET ADDRESS	
22 CITY-STATE-ZIP	
23 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
24 NAME	
25 STREET ADDRESS	
26 CITY-STATE-ZIP	
27 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
28 NAME	
29 STREET ADDRESS	
30 CITY-STATE-ZIP	

14. I do hereby certify that the information supplied herein is true, correct, and that I am duly qualified to file the complete statement in Section 19.07(3)(a), Florida Statutes. I further certify that the information included on this and all reports or statements made herein is true, correct and that my signature shall have the same legal effect as if made under oath. I am an officer or director of the corporation or the registered agent or both as indicated to extend the term of as required by Chapter 603, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attached sheet on a fileless.

SIGNATURE: *Janice Gold*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

X 4/9/96 X (904) 391-1035

CR2E034 (12/95)