FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
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	Mailing Address
2348 RIVER ROAD JACKSONVILLE FL 32207-4015 US	2348 RIVER ROAD JACKSONVILLE FL 32207-4015 US

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 ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. Does corporation have liability for intangible tax under s. 199.032, Florida Statutes? ☒ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable) 1001 South Bayshore Drive #1400

83

84 City Miami FL 85 Zip Code 33131

11. Pursuant to the provisions of Section 607.0502 and F.S. 140.09, 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	☐ DELETE	1 TITLE	☐ Change ☐ Addition
NAME	GOLD, JANICE FINN		1 NAME	
STREET ADDRESS	2348 RIVER ROAD		1 STREET ADDRESS	
CITY-ST-ZIP	JACKSONVILLE FL		1 CITY-ST-ZIP	
TITLE		☐ DELETE	2 TITLE	☐ Change ☐ Addition
NAME			2 NAME	
STREET ADDRESS			2 STREET ADDRESS	
CITY-ST-ZIP			2 CITY-ST-ZIP	
TITLE		☐ DELETE	3 TITLE	☐ Change ☐ Addition
NAME			3 NAME	
STREET ADDRESS			3 STREET ADDRESS	
CITY-ST-ZIP			3 CITY-ST-ZIP	
TITLE		☐ DELETE	4 TITLE	☐ Change ☐ Addition
NAME			4 NAME	
STREET ADDRESS			4 STREET ADDRESS	
CITY-ST-ZIP			4 CITY-ST-ZIP	
TITLE		☐ DELETE	5 TITLE	☐ Change ☐ Addition
NAME			5 NAME	
STREET ADDRESS			5 STREET ADDRESS	
CITY-ST-ZIP			5 CITY-ST-ZIP	
TITLE		☐ DELETE	6 TITLE	☐ Change ☐ Addition
NAME			6 NAME	
STREET ADDRESS			6 STREET ADDRESS	
CITY-ST-ZIP			6 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing complies with the requirements of Section 607.0502, Florida Statutes. I further certify that the information indicated on this report or supplemental requirement 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.

SIGNATURE: X [signature] 4/4/96 X (904) 391-1035

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Area Code & Daytime Telephone Number

CR2E034 (12/95)