

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

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
**SECRETARY OF STATE**  
**DIVISION OF CORPORATIONS**

95 FEB 24 PM 4:02

DOCUMENT # **670839** (0)

1. Corporation Name  
**FINK, INC.**

Principal Place of Business Mailing Address  
**100 MADISON ST.  
STE. 300  
TAMPA FL 33602  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/21/1980** 3a. Date of Last Report **03/22/1994**

2. Principal Place of Business 2a. Mailing Address  
21 **801 S. Boulevard** 26 **801 S. Boulevard**  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 **Tampa, FL** 27 **Tampa, FL**  
City & State City & State  
23 **33606** 28 **33606**  
Zip Country Zip Country  
24 **U.S.** 29 **U.S.**  
30 **U.S.**

4. FEI Number **59-2225793** 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. This corporation has liability for intangible tax under S. 199.010 Florida Statutes  Yes  No

9. Name and Address of Current Registered Agent  
**BLAIN, L.M.  
100 MADISON ST  
STE. 300  
TAMPA FL 33602**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **801 S. Boulevard**  
83  
84 City **Tampa** FL 85 Zip Code **33606**

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, thereby accept the requirement as registered agent, familiar with, and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE

Signature of person in charge of making report (Agent or Officer)

Signature of Registered Agent (if different from above)

Date

12. OFFICERS AND DIRECTORS	
TITLE	<b>PVS</b>
NAME	<b>BLAIN, L M</b>
STREET ADDRESS	<b>100 MADISON ST., STE. 300</b>
CITY, ST, ZIP	<b>TAMPA, FL 00000</b>
TITLE	<b>D</b>
NAME	<b>BLAIN, LAURA C</b>
STREET ADDRESS	<b>801 SOUTH BOULEVARD</b>
CITY, ST, ZIP	<b>TAMPA, FL 00000</b>
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 NAME	
1.2 STREET ADDRESS	<b>801 S. Boulevard</b>
1.3 CITY, ST, ZIP	<b>Tampa, FL 33606</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY, ST, ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY, ST, ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY, ST, ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY, ST, ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY, ST, ZIP	

14. I hereby certify that the information provided with this report is a true and accurate statement of the facts and that I am not responsible for the consequences stated in Section 199.010, Florida Statutes. I further certify that the information and data on this report are true and correct and that I am not responsible for the consequences stated in Section 199.010, Florida Statutes. I further certify that I am an officer or director of the corporation and that my signature shall have the same legal effect as if made under oath. I appear on Block 12 of this report as an officer or director of the corporation and I am not responsible for the consequences stated in Section 199.010, Florida Statutes, and that my name appears on Block 12 of this report as an officer or director of the corporation.

SIGNATURE: *L.M. Blain*  
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER

**L.M. Blain, Pres. 2/2/95 B13-223-3888**

**BLAIN BRICKLEMYER & SMOLKER, P.A.**

**ATTORNEYS & COUNSELORS AT LAW**

100 E. Madison St.  
Suite 300  
Tampa, FL 33602

Fax (813) 228-6422  
Tel. (813) 223-3888

February 17, 1995

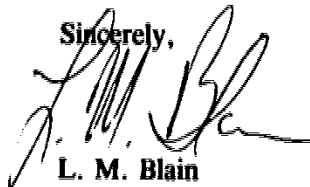
Division of Corporation  
Annual Report Section  
Post Office Box 1500  
Tallahassee, FL 32302-1500

**RE: FINK, INC.  
Document No. 670839**

Greetings:

Here is a signed and completed 1995 Annual Report for Fink, Inc. and a check for the filing fee.

Sincerely,



L. M. Blain

LMB/mam  
Enclosures