

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **670839** (0)

1. Corporation Name:
FINK, INC.



Principal Place of Business

Mailing Address

801 S BOULEVARD
~~STE. 300~~
TAMPA FL 33606
US

801 S BOULEVARD
~~STE. 300~~
TAMPA FL 33606
US

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

24 25

29 30

9. Name and Address of Current Registered Agent

BLAIN, L.M.
801 S BOULEVARD
~~STE. 300~~
TAMPA FL 33606

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0097 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 607.0605, Florida Statutes.

SIGNATURE

L.M. Blain *no change*

12. OFFICERS AND DIRECTORS

13. ADDITIONS-CHANGES TO OFFICERS AND DIRECTORS IN '2

TITLE DELETE

NAME **BLAIN, L M**
STREET ADDRESS **801 S BOULEVARD**
CITY-STATE-ZIP **TAMPA FL**

1. TITLE Change Addition

TITLE DELETE

NAME **BLAIN, LAURA C**
STREET ADDRESS **801 SOUTH BOULEVARD**
CITY-STATE-ZIP **TAMPA, FL 00000**

2. TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

3. TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

4. TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

5. TITLE Change Addition

TITLE DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

6. TITLE Change Addition

7. TITLE
8. NAME
9. STREET ADDRESS
10. CITY-STATE-ZIP

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)(c), 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 officer or trustee employee; I to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed from an officer or director with an address.

SIGNATURE:

L.M. Blain **L.M. BLAIN**

3-12-96 813-223-3889

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)