FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H00233

(7)

FINKY'S, INC.

FILED Jul 01 1997 8:00am Secretary of State

Principal Place of Business		Mailing Address			I TO DIRECT OFFICE MALLE DESIGN TIMES THAT RESERVED BY ALD IT DIRECT DIRECT DESIGNATIONS						
840 N. GRANDVIEW AVENUE DAYTONA BEACH FL 32118-3821		627 NORTH GRANDVIEW AVENUE DAYTONA BEACH FL 32118-3820 US				, , ,					
		00					3. Date Incorporated or Qualified	3a. Dat	of La	st Repor	
							04/23/1984	08/0	2/199	6	
2. Principal Place of Business		2a. Mailing Address				4. FEÎ Number			Applied		
21		26				59-2411016 Not Applicable					
Sulte, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			75 Addit e Requir		
22 City & State	^	City & State									
City & State		28				Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip	Country	Zip Country					or intangible tax under s. 199.032,				
24			30	· 1			Florida Statutes Yes No				
	9. Name and Address of Current				10. Name and Address of New Registered Agent						
FINK	(, NORMAN			81	Nan	ne					
640 N. GRANDVIEW AVE.			}	82	Stre	ot Addre	Address (P.O. Box Number is Not Acceptable)				
	TONA BEACH FL 32118				ļ						
_				83							
				84	City				85	Zip Code	ə
						 .		<u> </u>	ĻЬ,		
l office or r	egistered agent, or both, in the State :	of Florida. Such change was	authorized	jbγ	/ the c	ed corpo corporation	oration submits this statement for the pon's board of directors. I hereby accep	urpose of t t the appo	nangii intmen	ng its regi t as regi:	jistered stered
agent. I a	m familiar with, and accept the obliga	tions of, Section 607.0505, F	lorida Stat	utes	à.						
SIGNATURE	Signature, typod or printed name of registered age:	Land (i.e. if poplicable (NC	MF: Rometered	1 Δαρ	ant sinus	cure secuire	d when reinstaling)	- DATE			
12,	OFFICERS AND		13.	, rigit	- K orgina	iisic Equito	ADDITIONS/CHANGES TO OFFIC		DIREC	TORS IN	12
TITLE	PD	DELETE	1.1 10	LE					Char	nge	Addition
NAME	FINK, NORMAN		1.2 NA	ME							
STREET ADDRESS 640 N. GRANDVIEW AVE.		1.3 \$		1.3 STREET ADDRESS		ss					
CITY-ST-ZIP	DAYTONA BEACH FL 32118		1.4 CI	[Y-S	T - 7.1P						
TITLE	VD	DELETE	2.1 TIT	lΕ				l	Char	ige	Addition
NAME	FINK, MICHAEL	. 2.2		2.2 NAME							
STREET ADDRESS 640 N. GRANDVIEW AVE.				2.3 STREET ADDRESS		ss					
CITY-ST-ZIP	DAYTONA BEACH FL 32118	DELETE	2. 4 CIT		31 - ZIP				Char		Addition
TITLE	STD	□ DECETE	3.1 1(1					i.	Gilai	nge ∟	1 Modition
NAME OFFICE ARCIDEOR	FINK, STEVEN		3.2 NA		ADDDE						
STREET ADDRESS	640 N. GRANDVIEW AVE.				: ADDRES ST-ZIP	00					
CITY-S1-ZIP TITLE	DAYTONA BEACH FL 32118	DELETE	3.4. CI		31-ZIP	+		T	Char	nge [Addition
NAME		16	4. 2 N					•		-	
STREET ADDRESS					ADDRES	ss					
CITY-ST-ZIP			4.4 CI								
TITLE		☐ DELETE	5.1 III	···					Char	nge 🗀	Addition
NAME			5.2 NA	ME							
STREET ADDRESS			5.3 ST	REE1	ADDRES	ss					
CITY-ST-ZIP			5.4 CI	IY-S	1 - Z(P						
TITLE		DELETE	6.1 1/1	LE					Char	nge 🗀	Addition
NAME			6 2 NA	ME			•				
STREET ADDRESS			6.3 ST	REE 1	ADDRES	ss					
CITY-ST-ZIP			6.4 CI	IY-\$	1 - ZIP						

14. Ido hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). 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, the receiver or trustore expressed 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 address.

6/19/0-

DAU SER ASS