

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

**APPROVED
AND
FILED**

95 MAY -1 PM 9:20

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # H10707 (8)
1. Corporation Name FINNEX, INC.

Principal Place of Business 303 LAKE AVENUE LAKE WORTH FL 33460	Mailing Address 303 LAKE AVENUE LAKE WORTH FL 33460
--	--

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 07/03/1984	3a. Date of Last Report 05/01/1994
22	27	4. FEI Number 59-2588182	Applied For Not Applicable
23	28	5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution ☐ \$5.00 May Be Added to Fees
24	25	29	30

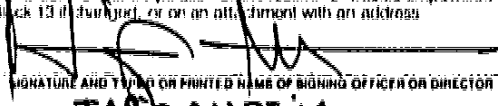
9. Name and Address of Current Registered Agent KMSTO, JUSSI K. 251 SOUTH COUNTY ROAD 1010 TENTH AVE. N. LAKE WORTH FL 33460	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
---	---

11. Pursuant to the provisions of Sections 607.0502 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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and date of application. (NOTE: Registered Agent signature required when reappointing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	☐ Change ☐ Addition
NAME	TULKKI, AARO	1.2 NAME	
STREET ADDRESS	303 LAKE AVE.	1.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH FL	1.4 CITY, ST, ZIP	
TITLE	DS	2.1 TITLE	☐ Change ☐ Addition
NAME	ANTTILA, TAPPO	2.2 NAME	
STREET ADDRESS	303 LAKE AVENUE	2.3 STREET ADDRESS	
CITY, ST, ZIP	LAKE WORTH FL	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, 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 110 (07)(b)(3), Florida Statutes. I further certify that the information included 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 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 I am a director, or on an attachment with an address.

SIGNATURE:  **04/27/95** **407-588-5013**
TAPPO ANTILA