PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90232 036 ***150.00

DOCUMENT	#	H1	3865
1. Corporation Name		• • •	

FIN GROUP, INC.

Mailing Address Principal Place of Business 10501 SIX MILE CYPRESS PKY 10501 SIX MILE CYPRESS PKY SHITE 107 SUITE 107 DO NOT WRITE IN THIS SPACE FT. MYERS FL 33912-6400 FT. MYERS FL 33912-6400 US US 3. Date Incorporated or Qualifed 07/25/1984 4. FEI Number 2a. Mailing Address Applied For 2. Principal Place of Business 59-2429601 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required City & State City & State Election Campaign Financing **\$5.00** May Be Added to Fees Trust Fund Contribution 23 28 Country Zip Country Zip This corporation owes the current year Intangible □ No 25 30 Personal Property Tax. 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name STATES, JOHNE 82 Street Address (P.O. Box Number is Not Acceptable) 10501 SIX MILE CYPRESS PKWY **SUITE 107** 83 FT MYERS FL 33912 84 City 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 Signature, typed or printed name of registered agent and title If applicable. (NOTE: Registered Agent signature required when reinstating) DATE				
12.	Signature, typed or printed name of registered agent and title II applicable. (NO OFFICERS AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT DELETE	1.1 TITLE	Change Addition	
NAME	STATES. JOHN E.	1.2 NAME		
	10501 SIX MILE CYPRESS PKY, #107	1		
STREET ADDRESS		1.3 STREET ADDRESS		
CiTY-ST-ZiP	FORT MYERS FL	1.4 CITY-ST-ZIP	C10L PMAJUST	
TITLE	☐ DELETE	2.1 TITLE	BUICE PRESIDENT Change Aladdition	
NAME		2.2 NAME	TERRI DANSON	
STREET ADDRESS	•	2.3 STREET ADDRESS	1007 Six muc Cupress Play #107	
CITY-ST-ZIP	in the second of	2.4 CITY-ST-ZIP	TERRI DANSON 10501-SIX MICE CYPTESS Pkuy #107 194. Myos & 33912 Change Addition	
TITLE	☐ DELETE	3.1 TITLE	TH. 1145 12 33912 Change Addition	
NAME		3.2 NAME	∫	
STREET ADDRESS	•	3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4. CITY-ST-ZIP		
ΠLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME	·	4, 2 NAME	į į	
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME		5.2 NAME	,	
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition	
NAME	A 12 A 45	6.2 NAME	}	
STREET ADDRESS	Leves at Joek	6.3 STREET ADDRESS	{	
C/TY-ST-ZIP	and the state of t	6.4 CITY-ST-ZIP		

14. I hereby certify that the information supplied with this filling 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 or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ged, or on an attachment with an address, with all other like empowered. Block 12 or Block 13 if chair

SIGNATURE

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR