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Feb 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # H21071 (6)

1. Corporation Name
FINCA, INC.



Principal Place of Business
1216 SOUTH SCENIC HIGHWAY
P O BOX 545
FROSTPROOF FL 33843

Mailing Address
1216 SOUTH SCENIC HIGHWAY
P O BOX 545
FROSTPROOF FL 33843-0545

3. Date Incorporated or Qualified
09/14/1984

3a. Date of Last Report
03/19/1996

| | | | |
|--------------------------------|------------------------|---|--|
| 2. Principal Place of Business | 2a. Mailing Address | 4. FEI Number | Applied For |
| 21 Suite, Apt. #, etc. | 26 Suite, Apt. #, etc. | 59-2575517 | Not Applicable |
| 22 City & State | 27 City & State | 5. Certificate of Status Desired | <input type="checkbox"/> \$8.75 Additional Fee Required |
| 23 Zip | 28 Zip | 6. Election Campaign Financing Trust Fund Contribution | <input type="checkbox"/> \$5.00 May Be Added to Fees |
| 24 Country | 29 Country | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

SULLIVAN, PAUL STEPHEN
201 OLD AVON PARK RD.
FROSTPROOF FL 33843

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------------------|---|--|
| TITLE | DS <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, INEZ KING | 1.2 NAME | |
| STREET ADDRESS | 1216 S. SCENIC HIGHWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | FROSTPROOF FL | 1.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, PAUL STEPHEN | 2.2 NAME | |
| STREET ADDRESS | 201 OLD AVON PARK ROAD | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | FROSTPROOF FL | 2.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | KEISTER, NANCY SULLIVAN | 3.2 NAME | |
| STREET ADDRESS | 405 NAVAJO CT. | 3.3 STREET ADDRESS | 2706 RED BUTTE COVE |
| CITY-ST-ZIP | NOBLESVILLE IN | 3.4 CITY-ST-ZIP | FT WAYNE, IND 46804 |
| TITLE | DVP <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | LITTLEFORD, JUNE ELAINE | 4.2 NAME | LITTLEFORD, ELAINE SULLIVAN |
| STREET ADDRESS | 975 FINROD WAY | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | CASSELBERRY FL | 4.4 CITY-ST-ZIP | |
| TITLE | PD <input type="checkbox"/> DELETE | 5.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | WILSON, MARY RUTH | 5.2 NAME | WILSON, MARY RUTH SULLIVAN |
| STREET ADDRESS | 370 WEST B STREET | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | FROSTPROOF FL | 5.4 CITY-ST-ZIP | |
| TITLE | DVP <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SULLIVAN, VICTORIA I. | 6.2 NAME | |
| STREET ADDRESS | 211 E. CELESTE | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | NEW IBERIA LA | 6.4 CITY-ST-ZIP | |

14. I do 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 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 changed, or on an attachment with an address.

SIGNATURE: *Paul A. Sullivan*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/21/97 944-635-4122
Date Daytime Phone #

CR2E034 (9/96)