

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

FILED  
Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 09/14/1984 4. FEI Number 59-2575517 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
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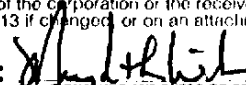
9. Name and Address of Current Registered Agent SULLIVAN, PAUL STEPHEN 201 OLD AVON PARK RD. FROSTPROOF FL 33843		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	
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11. 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 SULLIVAN, INEZ KING 1216 S. SCENIC HIGHWAY FROSTPROOF FL	11 TITLE	
NAME		12 NAME	
STREET ADDRESS		13 STREET ADDRESS	
CITY - ST - ZIP		14 CITY - ST - ZIP	
TITLE	DVP SULLIVAN, PAUL STEPHEN 201 OLD AVON PARK ROAD FROSTPROOF FL	21 TITLE	
NAME		22 NAME	
STREET ADDRESS		23 STREET ADDRESS	
CITY - ST - ZIP		24 CITY - ST - ZIP	
TITLE	DVP KEISTER, NANCY SULLIVAN 2706 RED BUTTE COVE FT. WAYNE IN	31 TITLE	
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	6826 MCGREEGAR ST. WORTHINGTON, OH 43085
CITY - ST - ZIP		34 CITY - ST - ZIP	
TITLE	DVP LITTLEFORD, ELAINE SULLIVA 975 FINROD WAY CASSELBERRY FL	41 TITLE	
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE	PD WILSON, MARY RUTH SULL 370 WEST B STREET FROSTPROOF FL	51 TITLE	
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	1 AIRPORT RD. FROSTPROOF, FL
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE	DVP SULLIVAN, VICTORIA I. 211 E. CELESTE NEW IBERIA LA	61 TITLE	
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

14. I 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:  2-20-98 941-625-4936

CF2E034 (10/97)