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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H65667

(8)

1.	FINN M		G GROUP, INC.	,,	(0)				LIEBIRII DIER RIERE DELL RIIJE RIELE	Bei Biblik Eft	80 8 1 8 1 81 8 1 8	IANA BARA ANSI
	de de la Diece	-10		0.4-00- 8-4-4-								
Principal Place of Business Mailing Address								1				
701 ENTERPRISE RD E #805 SAFETY HARBOR FL 34695				701 ENTERPRISE RD E #605 SAFETY HARBOR FL 34695								
SAFETT HANDON FL 34083				SAFETT FAMILION FL 34083				DO NOT WRITE IN THIS SPACE				
								3	Date Incorporated or Qualified			
_	- 				(-1				07/10/1985			
	. Principal P 1	lace of Busin	1058	2a. Mailing Address			1	I. FEI Number			Applied For Not Applicable	
21	Suite, Apt. #, etc			Suite, Apt. #, etc.				59-2562496			5 Additional	
22				27			5	Certificate of Status Desired	LJ	•	Required	
	City & Stato			City & State			6	. Election Campaign Financing		\$5.0	0 May Be	
23				28				Trust Fund Contribution		Adde	d to Fees	
	Zip 1	Country Zip			Country		8	. This corporation owes or has p	aid the co	irrent year		
24	25 29 30 9. Name and Address of Current Registered Agent					30			Personal Properly Tax due Jun		Yes	L) No
-	to a), Name and Address of New R	egistered	Agent						
	FINN, ELEANOR 3020 KEY HARBOR DR											· · · · · · · · · · · · · · · · · · ·
							Street	Address (P.O. Box Number is Not Accepta	able)		
	SAI	reit mane	IOR FL 34695			83						
									····			· · · · · · · · · · · · · · · · · · ·
						84	City			FI	85 Z	ip Code
1	1. Pursuant i	to the provisi	ons of Sections 607.05	02 and 607.1508, Fig	orida Ŝtatute:	s, the above	e-named	corporati	on submits this statement for the	purpose	of changing	g its registered
	office or re	ogistered ag m familiar wi	ent, or both, in the Stat	te of Florida, Such ch oations of Section 60	ango was au 37 0505 Elor	uthorized by ida Statute:	y the corp	poration's	on submits this statement for the board of directors. I hereby acce	opt the ap	pointment	as registered
1	IGNATURE	rii igaramar iri	an die decopa we com	ganono or, cooner o	31.0000,110.	ida otalalo	J.					
L	IGNATURE	Signature, typed	or printed name of registered as	gent and title it applicable	(NOTE	Registered Age	sid signature	required whe	en reinstating)	DATE		
1:			OFFICERS AF	ND DIRECTORS	DE1 575	13.			ADDITIONS/CHANGES TO OFF	ICERS AN		Commercial
1	TLE	PD		JR1	DELETE	1.1 POLE		PD			X Chang	e L Addition
	AME	FINN, F				1.2 NAME		FI	NN, FRANK			
	REET ADDRESS		Y HARBOR DRIVE			1.3 STREET		91	5 WYNGATE COURT		_	
	TY-ST-ZIP		HARBOR FL	Ist	DELETE	1.4 CITY- S	IT-ZIP	SA	FETY_HARBOR_FL_	_3469	X Chang	e Addition
l l	TLE	S EINN EI	EANOR	/ ^A	DELLIE	2.1 TITLE 2.2 NAME		P			Em vining	- La Roution
	AME FINN, ELEANOR IREET ADDRESS 3020 KEY HARBOR DRIVE					B .		NN, ELEANOR				
-	TY-ST-ZIP		HARBOR FL			2. 4 CITY-1	J	SYI	WYNGATE COURT FETY HARBOR FL	3460	5	
-	TLE	WY II WIT	1 - 4 - 12 - 2 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		DELETE	31 TITLE		2:11	HINDON II	232	Chang	e Addition
N/	ME			_		32 NAME						
ST	REET ADDRESS					3 3 STREET	ADDRESS					
CI	TY-ST-ZIP					3 4. CITY-	S1 - 2(P					
Til	TLE				DELETE	4.1 TITLE					Chang	e Addition
N/	ME					4. 2 NAME						
ŞT	REET ADDRESS					4.3 STREET	ADDRESS					
CI	TY-ST-ZIP					4.4 CITY-S	1 - ZIP					
	ILE			LJ	DELETE	5.1 TITLE					L Chang	e L Addition
	ME					5.2 NAME						
	REET ADDRESS					5.3 STREET						
	TY-ST-ZIP				DELETE	5.4 CHY-S	1 - 21P				T 0555	Addition
						6.1 TITLE					∐ Chang	e
l NA	ME					6.2 NAME						

14. Thereby 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.

6.3 STREET ADDRESS

NONATURE.

STREET ADDRESS

CITY-ST-ZIP

Many man Line

1/5/9-

412.191-3388

FILED

Jan 20 1998 8:00am

Secretary of State