

**FILED**  
**May 17, 1999 8:00 am**  
**Secretary of State**

05-17-1999 90019 033 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # L16910**

1. Corporation Name

Kenny Finger Enterprises, Inc.

Principal Place of Business

Mailing Address

 140 Thornton Drive  
 Palm Beach Gardens, FL 33418


\* 5 6 8 8 7 - 90076 - 4 7 \*

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		4. FEI Number		Applied For	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		Sept. 1989		650147436		Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired		8.75 Additional Fee Required			
23 Zip		28 Zip		6. Election Campaign Financing		5.00 May Be Added to Fees			
24 Country		29 Country		30		8. This corporation owes the current year intangible Personal Property Tax.		Yes No	

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

 Kenneth E. Finger  
 140 Thornton Drive  
 Palm Beach Gardens, FL 33418

 81 Name Susan L. Finger  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 140 Thornton Drive  
 83  
 84 City Palm Bch Grdns FL 85 Zip Code 33418

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. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	President	1.1 TITLE	President
NAME	Kenneth Finger	1.2 NAME	Susan Finger
STREET ADDRESS	4525 PGA Blvd.	1.3 STREET ADDRESS	140 Thornton Drive
CITY-ST-ZIP	Palm Bch Grdns, FL 33418	1.4 CITY-ST-ZIP	Palm Beach Grdns, FL 33418
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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, with all other like empowered.

SIGNATURE:

 Signature and typed or printed name of signing officer or director  
 Susan Finger

5/10/99

Date

561-775-0455

Daytime Phone #

CR2E034 (1/98)