

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION,
ANNUAL REPORT
1995



DOCUMENT # L62785

(5)

FINANCE INTERNATIONAL SERVICES, INC.

APPROVED

APPROVED
P.D.

5-27-97
5-27-97

FLORIDA

Printed Name, Title & Address

Place of Birth

C/O ALAN DOUGLAS REESE
721 US HWY. ONE, S-209
NO. PALM BCH. FL 33408

C/O ALAN DOUGLAS REESE
721 US HWY. ONE, S-209
NO. PALM BCH. FL 33408

(800) 777-0438 (800) 777-0438

2. Principal Place of Business	28. Mailing Address	33. Date Incorporated or Organized	38. Date of Last Report
21. <input type="checkbox"/> Sole Proprietor	29. Date of Birth	03/30/1990	08/09/1994
22. <input type="checkbox"/> General Partner	30. Social Security Number	4. FEI Number	Applied For
23. <input type="checkbox"/> Director	31. City, State	65-0215181	Not Applicable
24. <input type="checkbox"/> Other	32. Street Address, P.O. Box Number	5. Certificate of Status Desired	\$8.75 Additional Fee Required
	33. City, State	6. Election Campaign Financing	\$5.00 May Be Added to Fees
	34. Street Address, P.O. Box Number	7. Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No
	35. City, State		
	36. Street Address, P.O. Box Number		
	37. City, State		
	38. Street Address, P.O. Box Number		
	39. City, State		
	40. Street Address, P.O. Box Number		
	41. City, State		
	42. Street Address, P.O. Box Number		
	43. City, State		
	44. Street Address, P.O. Box Number		
	45. City, State		
	46. Street Address, P.O. Box Number		
	47. City, State		
	48. Street Address, P.O. Box Number		
	49. City, State		
	50. Street Address, P.O. Box Number		
	51. City, State		
	52. Street Address, P.O. Box Number		
	53. City, State		
	54. Street Address, P.O. Box Number		
	55. City, State		
	56. Street Address, P.O. Box Number		
	57. City, State		
	58. Street Address, P.O. Box Number		
	59. City, State		
	60. Street Address, P.O. Box Number		
	61. City, State		
	62. Street Address, P.O. Box Number		
	63. City, State		
	64. Street Address, P.O. Box Number		
	65. City, State		
	66. Street Address, P.O. Box Number		
	67. City, State		
	68. Street Address, P.O. Box Number		
	69. City, State		
	70. Street Address, P.O. Box Number		
	71. City, State		
	72. Street Address, P.O. Box Number		
	73. City, State		
	74. Street Address, P.O. Box Number		
	75. City, State		
	76. Street Address, P.O. Box Number		
	77. City, State		
	78. Street Address, P.O. Box Number		
	79. City, State		
	80. Street Address, P.O. Box Number		
	81. City, State		
	82. Street Address, P.O. Box Number		
	83. City, State		
	84. City, State		
	85. City, State		

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NAME	81. Name
STREET ADDRESS	82. Street Address, P.O. Box Number
CITY, STATE	83.
ZIP CODE	84. City
PHONE NUMBER	85. Zip Code

REESE, ALAN DOUGLAS
721 US HWY. ONE, S-209
NO. PALM BCH. FL

11. Pursuant to the provisions of Section 205.501 and Section 205.502 of the Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or registered agent or both at this place of business. This change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with section 205.501 of the Florida Statutes.

SIGNATURE:

12. OFFICE OR AGENT ADDRESS	13. ADDITIONS, CHANGES TO OFFICER AND DIRECTOR
NAME	1. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	2. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	3. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	4. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	5. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	6. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	7. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	8. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	9. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	10. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	11. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	12. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	13. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	14. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	15. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	16. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	17. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	18. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	19. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	20. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	21. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	22. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	23. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	24. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	25. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	26. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	27. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	28. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	29. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	30. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	31. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	33. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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OFFICE OR AGENT ADDRESS	36. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	38. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	39. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	40. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	41. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	42. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	43. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	44. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	45. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	46. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	47. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	48. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	49. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	50. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	51. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	52. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	53. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	54. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	55. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	57. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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PHONE NUMBER	59. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	60. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	61. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	73. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	75. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	76. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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ZIP CODE	82. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	91. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	117. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	123. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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OFFICE OR AGENT ADDRESS	132. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	135. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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OFFICE OR AGENT ADDRESS	138. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	141. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	193. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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CITY, STATE	195. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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NAME	199. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	200. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	201. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	202. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	203. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICE OR AGENT ADDRESS	204. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	205. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS	206. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	207. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	208. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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STREET ADDRESS	212. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
CITY, STATE	213. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
ZIP CODE	214. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
PHONE NUMBER	215. NAME <input type="checkbox"/> Change <input type="checkbox"/> Addition
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