## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

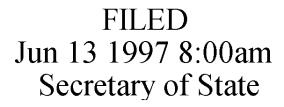
Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9600001445 (3)

FINLANDIA DAYS, INC.

Principal	Piace o	of Bus	iness

Mailing Address





2097 CIRCLE PI LANTANA FL 33			POST OFFICE BOX 969 LAKE WORTH FL 33480-09	969								
						[3	3. Date Incorpo 03/15/	rated or Qualified 1996	3a. D	ate of Last	Report	
2. Principal Place of Business 2a. Mailing Address				4. FEI Number			·	Applied For				
		26								Not Applicable		
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5	5. Certificate of	Status Desired	×	. *	Additional Required		
City & State		City & State			6	6. Election Cam Trust Fund C	paign Financing ontribution			O May Be d to Fees		
Zip 24	2:	Country	<b>Z</b> ip Country <b>29 30</b>			8	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No					
	9. Name a	nd Address of Curre		12-1		10. Name and Address of New Registered Agent						
					1 Nam	е						
SCHOLIN, CHRISTIAN N					82 Street Address (P.O. Box Number is Not Acceptable)							
224 DATURA STREET STE 1100				Ľ	2 0,100	TAGGIESS (	(1 .O. BOX Mullic	oer is not Accepte	abioj			
WEST PALM BEACH FL 33401			ε	3								
				ē	4 City				FL	85 Zip	o Code	
11. Pursuant	to the provision	ns of Sections 617.050	2 and 617.1508, Florida Statut	es, the abo	ve-name	d corporati	ion submits this	statement for the	DUIDORO O	f changing	its registered	
11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.												
SIGNATURE												
	Signature, typed or	printed name of registered ag-			gent signatu	re required whe	·		DATE			
12.	D	OFFICERS AN	D DIRECTORS DELETE	13.		D	ADDITIONS/C	HANGES TO OFF	ICERS AND	DIRECTO Change		
NAME	•	KAARLO A	Carlo Decert	1.2 NAM			VI, DAVI	D	•	Change	Addition	
STREET ADDRESS		LE PLACE DRIVE			e Et address		N.E. 46					
CITY-ST-ZIP	LANTANA			1.4 CITY		Roc	A RATOL	J, FC 33	431		[!	
TITLE	D		DELETE	2.1 TITLE		D	H Killer	07.2.00	701	Change	Addition	
NAME	KALERVO,	KAIJA R		2.2 NAM	Ē	CAV	UOTO,	ANNELI		_ •		
STREET ADDRESS	2097 CIRCLE PLACE DRIVE		2.3 STRE				NA WAY					
CITY-ST-ZIP	LANTANA	FL 33462		2. 4 CITY	-ST-ZIP			FL 334	162			
TITLE	D		☐ DELETE	3.1 TITLE		l D	,			Change	Addition	
NAME	KNUTS, M			3.2 NAM	Ξ	KIL	PO, PIF	KKO L MAR D				
STREET ADDRESS	2207 SW 2			3.3 STRE	ET ADDRESS	656	60 PAUL	MAR D	Κ,			
CITY-ST-ZIP		BEACH FL 33426		3.4. CITY		LAK	STANA.	FL 33	162			
TITLE	D		☐ DELETE	4.1 TITLE						☐ Change	Addition	
NAME				4. 2 NAM								
STREET ADDRESS					et address							
CITY-ST-ZIP TITLE			DELETE	4.4 CITY 5.1 TITLE	<del></del>	<u> </u>	<del></del>			Change	Addition	
NAME (	:		C precit	5.1 HILE 5.2 NAM						C CHAINGE	Addition	
STREET ADDRESS					Et address							
CITY-ST-ZIP				5.4 CITY								
TITLE			☐ DELETE	6.1 TITLE		1	<del> </del>			Change	☐ Addition	
NAME				6.2 NAM						-	_	
STREET ADDRESS					T ADDRESS							
CITY+ST-ZIP				6.4 CITY								

4. 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.