

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jul 09, 1999 8:00 am
Secretary of State

07-09-1999 90019 022 ****61.25

DOCUMENT # N96000001445

1. Corporation Name

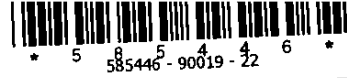
FINLANDIA DAYS, INC.

Principal Place of Business

2097 CIRCLE PLACE
LANTANA FL 33462

Mailing Address

POST OFFICE BOX 969
LAKE WORTH FL 33460



1. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
1		26		03/15/1996	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	
2		27		65-0759159	
City & State		City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
3		28		6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country	
4		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
SCHOLIN, CHRISTIAN N 224 DATURA STREET STE 1100 WEST PALM BEACH FL 33401				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85 Zip Code	

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 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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KALERVO, KAARLO A	1.2 NAME	D SAARI, ULLA
STREET ADDRESS	2097 CIRCLE PLACE DRIVE	1.3 STREET ADDRESS	6204 TRADEWINDS DR.
CITY-ST-ZIP	LANTANA FL 33462	1.4 CITY-ST-ZIP	LAKE WORTH, FL 33462
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALERVO, KAIJA R	2.2 NAME	
STREET ADDRESS	2097 CIRCLE PLACE DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL 33462	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KNUTS, MAIRE	3.2 NAME	
STREET ADDRESS	2207 SW 20TH WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOYNTON BEACH FL 33426	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JARVI, DAVID	4.2 NAME	
STREET ADDRESS	461 N.E. 46TH ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAVUOTO, ANNELI	5.2 NAME	
STREET ADDRESS	1219 PALAMA WAY	5.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	5.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KILPO, PIIRKKO	6.2 NAME	
STREET ADDRESS	6560 PAUL MAR DR	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	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 617, 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:

Kaarlo A. Kalervo **SIGNATURE REQUIRED** Treasurer July 1, 1999 (561) 586-3713

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (5/99)

0006565