

FILE NOW: FILING FEE IS \$61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90140 022 ****61.25

DOCUMENT # N97000006283

1. Corporation Name

FINNISH LANGUAGE INSTITUTE, INC.

Principal Place of Business

505 SOUTH FLAGLER DR., STE. 1001
WEST PALM BEACH FL 33401

Mailing Address

505 SOUTH FLAGLER DR., STE. 1001
WEST PALM BEACH FL 33401



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

65-0794430

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

SCHOLIN, CHRISTIAN N
505 SOUTH FLAGLER DR., STE. 1001
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

TITLE **D** ☐ DELETE
NAME **LINNA, SAKARI**
STREET ADDRESS **4001 S. OCEAN BLVD.**
CITY-ST-ZIP **SOUTH PALM BEACH FL 33480**

TITLE **D** ☒ DELETE
NAME **SALOMAA, TUURE**
STREET ADDRESS **1016 S. LAKESIDE DR.**
CITY-ST-ZIP **LAKE WORTH FL 33460**

TITLE **D** ☒ DELETE
NAME **LAURILA, MAUNO**
STREET ADDRESS **106 HALF MOON CIRCLE**
CITY-ST-ZIP **HYPOLUXO FL 33462**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **D, P** ☒ Change ☒ Addition
1.2 NAME **Linna, Sakari**
1.3 STREET ADDRESS **4001 S. Ocean Blvd.**
1.4 CITY-ST-ZIP **South Palm Beach, FL 33480**

2.1 TITLE **D, S** ☒ Change ☐ Addition
2.2 NAME **Ruuska, Maija**
2.3 STREET ADDRESS **4001 S. Ocean Blvd.**
2.4 CITY-ST-ZIP **South Palm Beach, FL 33480**

3.1 TITLE **D, T** ☒ Change ☐ Addition
3.2 NAME **Lauren, Eine**
3.3 STREET ADDRESS **2561 Emory Drive W, #L**
3.4 CITY-ST-ZIP **West Palm Beach, FL 33415**

4.1 TITLE **D** ☐ Change ☒ Addition
4.2 NAME **Norppa, Niilo**
4.3 STREET ADDRESS **7319 W. Oakridge Cr.**
4.4 CITY-ST-ZIP **Lantana, FL 33462**

5.1 TITLE **D** ☐ Change ☒ Addition
5.2 NAME **Seppeline, Aarre**
5.3 STREET ADDRESS **612 2nd Avenue South**
5.4 CITY-ST-ZIP **Lake Worth, FL 33460**

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
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:

Eine Lauren
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/8/99

561-965-7686

CR2E037 (11/98)