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95 MAY -1 AM 4:45

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Northing
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000031814 (5)

1. Corporation Name

FINAMORE & ASSOCIATES, INC.

Principal Place of Business

**524 ESTATES PLACE
LONGWOOD FL 32779**

Mailing Address

**524 ESTATES PLACE
LONGWOOD FL 32779**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/30/1993

3a. Date of Last Report

05/01/1994

4. FEI Number

59-3180058

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**

8. This corporation has liability for intangible tax under § 199.032,
Florida Statutes Yes No

2. Principal Office of Business

21

Suite, Apt. #, etc.

23. City & State

24. Zip

25. County

2a. Mailing Address

26

Suite, Apt. #, etc.

27. City & State

28. Zip

29. County

30

9. Name and Address of Current Registered Agent

**WILDER, CHARLES D
539 VERSAILLES DRIVE
SUITE 100
MATLAND FL 32751**

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 607.002 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 607.005, Florida Statutes.

SIGNATURE

(If not filled, register and thereafter report on the following)

(If filled, register agent separately on this filing)

1995

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

TITLE

D

NAME

FINAMORE, JAMES M

STREET ADDRESS

**524 ESTATES PLACE
LONGWOOD FL 32779**

CITY, ST. ZIP

TITLE

D

NAME

FINAMORE, CERRILL L

STREET ADDRESS

**524 ESTATES PLACE
LONGWOOD FL 32779**

CITY, ST. ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

TITLE

NAME

STREET ADDRESS

CITY, ST. ZIP

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(b), Florida Statutes. I further certify that the information included 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 in the state that I am an officer or director of the corporation or the receiver or liquidator empowered to receive this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of this filing. (Do not report or on an attachment with an address.)

SIGNATURE:

Cerrill L. Finamore
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
CERRILL L. FINAMORE

4-19-95

407-774-4721