FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

P93000068416 (5)

FINMORE, INC.

Principal Place of Business Mailing Address

55 ST. DAVID WAY 55 ST. DAVID WAY
W PALM BEACH FL 33414 W PALM BEACH FL 33414

FILED Jan 29 1998 8:00am Secretary of State



DO NOT WRITE IN THIS SPACE

									Ì	 Date Incorporated or Qualifie 10/01/1993 	d			
2. Principal Place of Business					2a. Mailing Address					4. FEI Number Applied For				
21					26					65-0442730			Not Applicable	
	Suite, Apt. #, etc.				Suite, Apt. #, etc.							4	Additional	
22					27					5. Certificate of Status Desired			Required	
City & State					City & State					6. Election Campaign Financing		\$5.0	0 мау Ве	
23				28						Trust Fund Contribution Added to Fees			d to Fees	
	Zip					Country			This corporation owes or has	paid the cu	irrent year	Intangible		
24 25 2					30					Personal Property Tax due June 30. Yes No				
9. Name and Address of Current Registered Agent										10. Name and Address of New Registered Agent				
KINGSMILL, JACK W								Name	9					
55 ST., DAVID WAY							82 Street Address (P.O. Box Number is Not Acceptable)							
W PALM BEACH FL 33414							83							
								City		11 THE STATE OF TH	FL	85 Zi	p Code	
11. Pursuant to the provisions of Sections 607 0502 and 607 1508. Florida Statutas, the above pamed correction submits this statement to the													ite registered	
11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.														
agent, I am ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.													İ	
SIGNATURE Signature, typed or printed pame of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE														
12.			OFFICERS			13.	o Age	nt signatur	re required wit	ADDITIONS/CHANGES TO OFF	DATE.	O DIDEOTO	DO IN 10	
TITLE		DPT			☐ DELETE	1.1 T	ITI F			ABBITIONS/CHANGES TO OFF	ICERS AN	Change		
NAM	1		IILL, JACK W				IAME					Land Officiality	, The vocation	
	ET ADDRESS		DAVIS WAY			1			Ì					
			BEACH FL				1.3 STREET ADDRESS 1.4 City - St - Zip							
TITLE		S	BEAGITE		DELETE			T-ZIP	-				T-17-17-17-17-17-17-17-17-17-17-17-17-17-	
NAM			ILL, MARYANN			2.1 T			İ			L Change	Addition	
			DAVID'S WAY			2.2 N								
итот			PALM BEACH FL				2.3 STREET ADDRESS							
		ALM DEAUTIFL		Date date		ITY-S	T-ZIP							
TITLE	1				L DELETE	3.1 T						☐ Change	☐ Addition	
NAM	1					3.2 N	AME							
STAE	ET ADDRESS					3.3 S	TREET	address					ŧ	
	-ST-ZIP						ITY-S	T-ZIP						
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NAME	E Į					4.21	IAME							
STRE	ET ADDRESS					4.3 S	TREET A	ADDRESS	1					
CITY	- ST - 2IP					4.4 C	TY-ST	r-zip					1	
TITLE					DELETE	5.1 Ti	TLE					☐ Change	Addition	
NAME	E					5.2 N	AME	1						
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TITLE					DELETE	6.1 TI						Change	☐ Addition	
NAME	:					6.2 N								
	ET ADDRESS							ADDRESS						
	ST-ZIP						TY-ST							
14.	I hereby ce	ertify that the	information supplied	with this fili	ng does not qualify f	i r-si	ion state	i ed in Secti	on 119.07(3)(i), Florida Statutes.	I further co	rtify that th	e information		
	Indicated a	n this annus	report or suppleme	atal annual .	conort in true and and		2 XE-	4		all family the second of the s		THE WHEN	omauon	

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

SIGNATURE

1-22 -98

561-795-0900