

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000075425 (7)

1. Corporation Name

FINAMAC, INC.



Principal Place of Business

Mailing Address

COASTLAND MALL
STE G9
NAPLES FL 33940
US

P.O. BOX 10915
NAPLES FL 33941
US

3. Date Incorporated or Qualified
11/01/1993

3a. Date of Last Report
05/01/1995

2. Principal Place of Business

2a. Mailing Address

21 2018 N TAMiami TRAIL

26

4. FEI Number

65-0445466

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 SPACE G-9

27

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

City & State

City & State

23 NAPLES FL

28

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

Zip

Country

Zip

Country

24 34102

25 USA

29 34102

30

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AUSTIN, ARLENE F
700 ELEVENTH STREET SOUTH, SUITE 203
SUITE 270
NAPLES FL 33940

81 Name AUSTIN, ARLENE F.

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

1250 TAMiami TRAIL NORTH

83 SUITE 302

84 City NAPLES FL

85 Zip Code 34102

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.

SIGNATURE

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DTS
NAME MCINTOSH, GARY T.
STREET ADDRESS 7300 GLENMORE LANE, APT. 1201
CITY-ST-ZIP NAPLES FL

DELETE

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

DTS
MCINTOSH, GARY T.
246 STANHOPE CIRCLE
NAPLES FL 34104

Change Addition

TITLE DP
NAME MCINTOSH, ADDOLORATA
STREET ADDRESS 7300 GLENMORE LANE, APT. 1201
CITY-ST-ZIP NAPLES FL

DELETE

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

DP
MCINTOSH, ADDOLORATA
246 STANHOPE CIRCLE
NAPLES FL 34104

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE:

GARY T. MCINTOSH 2 JULY 96 (94) 261 3441

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Display Phone #

CR2E034 (3/96)