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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P94000032498 (5)

FINNO ENTERPRISES INC.

Pri	ncipal Piace	of Busine	oss ·

8100 WEST ATLANTIC BOULEVARD SUITE #9 MARGATE FL 33063 Mailing Address

6100 WEST ATLANTIC BOULEVARD SUITE #9

MARGATE FL 33063-5134

FILED May 06 1997 8:00am Secretary of State

3a. Date of Last Report

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3. Date Incorporated or Qualified

		į.				04/26/1994	08/1	15/1996	
· ·	lace of Business	2a, Mailing Addre	ess			4. FEI Number		A	pplied For
21 Suite Ant		26		_:		65-0489352			lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired			Additional leguired
City & State	e	City & State				6 Flastic Compains Figureins			<u> </u>
23		28]				Election Campaign Financing Trust Fund Contribution	, LJ		May Be to Fees
Zip	Country	Zip		Country		8. This corporation has liability	for intangible		
24	25	29	30	•		Florida Statutes] No	J. 100.00E,
	9. Name and Address of Curre		<u> </u>	:]		10. Name and Address of New	Registered /	gent	
FINN	IO, TONY PETER			81	Name				
6103 NORTH WEST 15TH STREET				82	Street Addre	ess (P.O. Box Number is Not Accer	stable)		
MARGATE FL 33063						335 (1.0. Box Homber 15 Not Accep	itable)		
				83					
				84	City			DE 710	Code
•				04	City		FL	B5 Zip	Code
11. Pursuant	to the provisions of Sections 607.050 egistered agent, or both, in the State	02 and 607.1508, Florid	a Statules, th	ie above	-named corp	oration submits this statement for th	e purpose of	changing i	its registered
office or re agent. I a	egistered agent, or both, in the State im familiar with, and accept the oblig	e of Florida. Such chang alions of, Section 607.0	ge was autho 1505, Florida	rized by Statutes	the corporati	on's board of directors. I hereby ac	cept the appo	ointment as	s registered
SIGNATURE	,								
SIGNATORE	Signature, typed or printed name of registered ag	ont and title if applicable	(NO1E Regi	istered Age	nt signature require	d when reinstating)	DATE		
12.		ID DIRECTORS		13.		ADDITIONS/CHANGES TO OF	FICERS AND		
TITLE	D	□ DEI	.ETE	1.1,TITLE			1	Change	Addition
NAME	FINNO, TONY PETER			1.2 NAME			;		
STREET ADDRESS	6103 NORTH WEST 15TH ST	TEET		1.3 STHEFT	ADDRESS		1		
CITY-ST-ZIP	MARGATE FL 33063			1.4 CITY-S	I - ZIP		· · · · · · · · · · · · · · · · · · ·		
TITLE				2.1.HHLF				☐ Change	Addition
NAME				2.2 NAME					
STREET ADDRESS				2.3 STREET	ADDRESS				
CITY-ST-ZIP				2. 4 C/1Y - 5	1				
CITY-ST-ZIP TITLE		☐ DE	ETÉ	2. 4 CAY - 9 3.1 TITLE	1			Change	Addition
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Information indicated on this annual report or supplemental annual report is the end 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 of the receiver or trustee empowered to execute this report as required by Chapter 607, Plorida Statutes; and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address.

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