

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

FILED

May 09 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # **P95000034103 (8)**

1. Corporation Name  
**FINN TRAVEL CONNECTION, INC.**

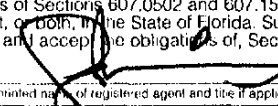


Principal Place of Business <b>465 GREYNOLDS CIRCLE LANTANA FL 33462</b>	Mailing Address <b>465 GREYNOLDS CIRCLE LANTANA FL 33462-4365</b>
---	--

2. Principal Place of Business 21		2a. Mailing Address 26 <b>Pob 30411</b>		3. Date Incorporated or Qualified <b>05/02/1995</b>	3a. Date of Last Report <b>05/01/1996</b>
Suite, Apt. #, etc. 22		Suite, Apt. #, etc. 27		4. FEI Number <b>65-0579375</b>	Applied For Not Applicable
City & State 23		City & State <b>Lantana FL</b>		5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
Zip 24	Country 25	Zip <b>33465</b>	Country <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent <b>VIKLUND, SAKRI A 324 PINE ST #15 LANTANA FL 33462</b>		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
		85 Zip Code	

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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE:  (NOTE: Registered Agent Signature) **SAKRI VIKLUND** DATE: **APR 25 1997**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PD VIKLUND, SAKRI A</b>	1.2 NAME	
STREET ADDRESS	<b>465 GREYNOLDS CIRCLE</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LANTANA FL 33462</b>	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>VD LINNA, SAKARY</b>	2.2 NAME	
STREET ADDRESS	<b>465 GREYNOLDS CIRCLE</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LANTANA FL 33462</b>	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TD SALO, HANNU A</b>	3.2 NAME	
STREET ADDRESS	<b>465 GREYNOLDS CIRCLE</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>LANTANA FL 33462</b>	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 acceptor 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, or on an attachment with an address.

SIGNATURE:  (NOTE: Registered Agent Signature) **SAKRI VIKLUND** DATE: **APR 25 1997** (561) 762-7876

CR2E034 (9/96)