## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **▶**PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 P95000084890 (9) DOCUMENT # Corporation Name FINDERS. INC. Mailing Address Principal Place of Business 420 S.E. 12TH STREET 420 S.E. 12TH STREET FORT LAUDERDALE FL 33316 FORT LAUDERDALE FL 33316 3. Date Incorporated or Qualified 3a. Date of Last Report 11/02/1995 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business 65-0629117 Not Applicable 25 21 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 27 City & State 6. Election Campaign Financing \$5.00 May Be City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Zip Country ☐ Yes ☑No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent B1 Name Street Address (P.O. Box Number is Not Acceptable) VINIKOOR, DAVID G 82 420 S.E. 12TH STREET 83 FORT LAUDERDALE FL 33316 Zip Code 85 84 City 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 DATE Signature, typed or plinted name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) CR2E034 (12/95) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE Change Addition 1. 1 TATLE TITLE DAVID G. VINIKORP 1.2 NAME NAME 420 S.E. 12 ST. 1.3 STREET ADDRESS STREET ADDRESS 1.4 CITY-ST-ZIP FT. LAND. FL 333/C CITY-ST-ZIP Addition Change DELETE 2 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZiP City-St-ZIP DELETE. 3 1 IIILE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 4.1 TITLE TITLE NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE 8000018143B\$ 5 1 TITLE TITLE -05/09/96--01021--020 5.2 NAME NAME 5.3 STREET ADDRESS \*\*\*200.00 STREET ADDRESS 5 4 CHTY-ST-ZIP CITY - ST - ZIP Addition Change DELETE 6 1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS 6 4 CITY - ST- ZIP 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 607, Florida Statutes; and that my name

SIGNATURE:

oath; that I am an officer or director of the corporation or the reg appears in Block 12 or Block 13 if changed, or on an attaching

CER OR DIRECTOR