## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

**PROFIT** CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

**DOCUMENT #** 

P96000008832 (3)

FILED SEP 15 PH 9: 48

| GEORG   | SE FINK, INC.                                     | <b>(</b> 0                      | ,                          |                                  | 1                                      | ASSEE, FLORIDA                   |
|---|---|---------------------------------|----------------------------|----------------------------------|--|----------------------------------|
| Principal Place of Business Mailing Address     |   |                                 |                            |                                  |  |                                  |
| 2911 NW CO<br>BOYNTON BE                        | PARK DR STE 1<br>33426                            |                                 | DO NOT WRITE IN THIS SPACE |                                  |  |                                  |
|   |   |                                 |                            |                                  | 3. Date Incorporated or Qualified      | 3a. Date of Last Report          |
|   |   |                                 |                            |                                  | 01/22/1996                             |                                  |
|   | lace of Business                                  | 2a. Mailing Address             |                            |                                  | 4. FEI Number                          | Applied For                      |
| 21  |   | 26                              |                            |                                  | 65-0642754                             |                                  |
| Suite, Apt. #, etc. Suite, Apt. #, etc. 27      |   |                                 |                            | 5. Certificate of Status Desired | \$8.75 Additional Fee Required         |                                  |
| City & State City & State                       |   | City & State                    |                            |                                  | 6. Election Campaign Financing         | \$5.00 May Be                    |
| 23  |   | 28                              |                            |                                  | Trust Fund Contribution                | Added to Fees                    |
| Zip   | Country   | Zip                             | Country                    |                                  | 8. This corporation owes or has pa     | <b>-7</b> · ·                    |
| 24  | 25  | 29                              | 30                         |                                  | Personal Property Tax due June         |                                  |
| ***   | 9, Name and Address of Curre                      | nt negistered Agent             | 81 N                       | ame                              | 10. Name and Address of New Re         | gustered Agent                   |
|   | IVALL, DIANE C                                    |                                 | ["]                        | ame                              |  |                                  |
| 105 S NARCISSUS AVE STE 505                     |   |                                 | <b>82</b> S                | treet Addre                      | ess (P.O. Box Number is Not Acceptal   | ble)                             |
| WE  | IST PALM BEACH FL 33401                           |                                 | 83                         |                                  |  |                                  |
|   |   |                                 | 63                         |                                  |  |                                  |
|   |   |                                 | <b>84</b> C                | ity                              |  | FL 85 Zip Code                   |
| 44 5  | to the provisions of Continue COZ OF              | on and CO7 1500 Florido Ctat    | doe the above no           | mad assa                         | oration submits this statement for the | <u> </u>                         |
| office or re                                    | egistered agent, or both, in the State            | e of Florida. Such change was   | authorized by the          | o corporati                      | on's board of directors. I hereby acce | pt the appointment as registered |
| agent. I a                                      | m familiar with, and accept the oblig             | ations of, Section 607.0505, F  | lorida Statutes.           |                                  |  | i                                |
| SIGNATURE                                       | Signature, typed or printed name of registered ag | ont and title if aurabushin (NC | It: Registered Agent si    | analure require                  | d whoo reinstalion)                    | DATE                             |
| 12.   |   | ID DIRECTORS                    | 13.                        | gradure rogare                   | ADDITIONS/CHANGES TO OFFIC             |                                  |
| TITLE   | D   | ☐ DELETE                        | 1.1 TITLE                  |                                  |  | ☐ Change ☐ Addition              |
| NAME  | FINK, GEORGE                                      |                                 | 1.2 NAME                   |                                  | 1000022                                | 2964216                          |
| STREET ADDRESS 2911 NW COMMERCE PARK DR STE ONE |   | OR STE ONE                      | 1.3 STREET ADDRESS         |                                  | -03/17/                                | 2 <b>96421</b> 6  <br>9701127023 |
| CITY-ST-ZIP                                     | <b>BOYNTON BEACH FL 33426</b>                     |                                 | 1.4 CITY - ST - ZI         |                                  | ****16                                 |                                  |
| TITLE   | D   | DELETE                          | 2.1 TITLE                  |                                  |  | ☐ Change ☐ Addition              |
| NAME  | LEWANDOWSKI, KATHALEE                             | N T                             | 2.2 NAME                   |                                  |  | )                                |
| STREET ADDRESS                                  | 1803 BANYAN CR CIR NO                             |                                 | 2.3 STREET ADD             | RESS                             |  |                                  |
| CITY-ST-ZIP                                     | <b>BOYNTON BEACH FL 33436</b>                     | }                               | 2. 4 CITY-ST-Z             | 1                                |  |                                  |
| TITLE   |   | ☐ DELETE                        | 3.1 TITLE                  |                                  |  | Change Addition                  |
| NAME  |   |                                 | 3.2 NAME                   |                                  |  | 1                                |
| STREET ADDRESS                                  |   |                                 | 3.3 STREET ADD             | RESS                             |  | l                                |
| CITY-ST-ZIP                                     |   |                                 | 3.4. CITY-ST-Z             | IP .                             |  |                                  |
| TITLE   |   | DELETE                          | 4.1 TITLE                  |                                  |  | Change Addition                  |
| NAME  |   |                                 | 4. 2 NAME                  |                                  |  | į                                |
| STREET ADDRESS                                  |   |                                 | 4.3 STREET ADD             | RESS                             |  |                                  |
| CITY-ST-ZIP                                     |   |                                 | 4.4 CHY-ST-2               | Р                                |  |                                  |
| TITLE   |   | ☐ DELETE                        | 5 1 TITLE                  |                                  |  | Change Addition                  |
| NAME  |   |                                 | 52 NAME                    | [                                |  |                                  |
| STREET ADDRESS                                  |   |                                 | 5.3 STREET ADD             | ress                             |  |                                  |
| CITY-ST-ZIP                                     |   |                                 | 5.4 CHTY - ST - ZI         | P                                |  |                                  |
| TITLE   |   | ☐ DELETE                        | 6.1 THTLE                  |                                  |  | Change                           |
| NAME  |   |                                 | 6.2 NAME                   |                                  |  |                                  |
| STREET ADDRESS                                  |   |                                 | 6.3 STREET ADD             | RESS                             |  | (A) W                            |
| CITY-ST-7IP                                     |   |                                 | 6.4 CITY - ST - 71         | p                                |  | - •                              |

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 artificial 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 if changed, or on an attachment with an address.

Enclosed is a Check for the amount olve. This is the only notice we received. We did not received as first notice

Hacheleen Honne Leva druske