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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT #

1. Corporation Name

r

P96000008832

GEORGE FINK, INC.

FILED

99 SEP 15 AM 11: 25

Principal Place of Business Mailing Address								
29116 N.W. COMMERCE PARK DR. 2911 N.W.					RCE PARK DR.			
BAY 3				Y 3	DO NOT WENT IN THE	DO NOT WEITE IN TIME ADVAGE		
BOYNTON BEACH, FLORIDA BOYNTON BEAG				FLOR:	I DA	DO NOT WRITE IN THIS SPACE		
33426				26	,	3. Date Incorporated or Qualifed		
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	App	lied For	
21 26					45-0042454	Not	Applicable	
Suite, Apt. #, etc.					5. Certificate of Status Desired	\$8.75 Ad		
[27]						Fee Req	uired	
h i '	City & State City & State				• • • • • • • • • • • • • • • • • • • •	6. Election Campaign Financing \$5.00 May B		
Z _I p	Z:p				Trust Fund Contribution	Added to	rees	
h- 1	25 29 30		Country			8. This corporation owes the current year Intangible Personal Property Tax. ☐ Yes ☐ No		
24	9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent				
3. Hame and Address of Ourient Registered Agent					81 Name			
DIANE C. DUVALL				Street	Address (P.O. Box Number is Not Acceptable)			
105 SOUTH NARCISSUS AVE. SUITE 505								
WEST PALM BEACH, FLORIDA 33401			<u> </u>					
			84	City	FI	85 Zip Co	ode	
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 reinstating) DATE								
12.	OFFICERS ANI		13.		ADDITIONS/CHANGES TO OFFICERS AF	ND DIRECTOR	RS IN 12	
TITLE	PRESIDENT	T DELETE 1.1"			900002992	- 	☐ Addition	
NAME	GEORGE E. FINK		1.2 NAME		-03/21/3301032013			
STREET ADDRESS				TADDRESS	*****61.25	*****		
CITY-ST-ZIP	·		1.4 CITY-S	T-ZIP				
TITLE	GEORGE FINE	DELETE	2.1 TITLE		VICE PRESIDENT	XX Change	☐ Addition	
NAME	8330 NORTH MIZZEN DRIVE			2 NAME KATHALEEN T. HANNA LEWAN				
STREET ADDRESS	BOYNTON BEACH, FLORIDA 33437			TADORESS		03 BANYAN CREEK CIRCLE NORTH		
CITY-ST-ZIP	2		2.4 CITY-	ST-ZIP	BOYNTON BEACH, FLORIDA			
TITLE	SECKETAKI		3.1 TITLE			Change	☐ Addition	
NAME	KATHALEEN T. HANNA LEWANDOWSKI		3.2 NAME					
STREET ADDRESS	1803 BANYAN CREEK CIRCLE NORTH							
CITY-ST-ZIP	BOYNTON BEACH, F	LORIDA 33436	3.4. CITY-5	ST-ZIP	TREASURE	1FBChanac	Addition	
THILE	TREASURE	_	4.1 TITLE	1	RANK BIRD	Change		
NAME	KATHALEEN T. HANNA LEWANDOWSKI		4. 2 NAME					
STREET ADORESS	B89ATBANYENCHREFKORIBALE3995TH			TADDRESS		ST PALM BEACH, FLORIDA 33401		
CCTY+ST+ZIP TITLE	BOTHION BEACH, P	DELETE	4.4 CITY-S 5.1 TITLE	1-ZIP	WEST FARM BEACH, FRORID	☐ Change	Addition	
NAME			5.1 ITILE 5.2 NAME				_,	
				TADDRESS			İ	
STREET ADORESS			5.4 CITY-S	- 1				
CITY-ST-ZIP TITLE		() DELETE	8.1 TITLE			☐ Change	☐ Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREE	ADDRESS				
JANEET REPORTEDS								

6.4 CITY-ST-ZIP

14. I 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 a 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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

CR2E034 (11/98)