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**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054289 (9)

## **FILED** May 08 1997 8:00am Secretary of State

NAME FINDERS, INC.  Principal Place of Business	Mailing Address		, <del>(201</del> 1 , <del>(20</del> 11 )							
2716 CHICKASAW TRAIL BTE SC ORLANDO FL 32822	2716 CHICKASAW TRAIL STE SC ORLANDO FL 32829-8550									
					porated or Qualified	3a. Da	ate of Last R	eport		
				07/01/19	996		7/1/96	· · · · · · · · · · · · · · · · · · ·		
Principal Place of Business	2a. Mailing Address			4. FEI Numbe	er .			oplied For		
	26			59-34	11568			ot Applicable		
Suite, Apri #, etc	Suite, Apt. #, etc.			5. Certificate	of Status Desired			Additional		
	27		······································					equired		
City & State	City & State				ampaign Financing	П		May Be		
Zip Country	<b>28</b>	Count	In (		Contribution			to Fees		
¬	<del>  </del>	30	uy .	8. This corpo	ration has liability for	intangible Yes	tax under s ☑ No	. 199.032,		
9. Name and Address of Curre	29 ent Registered Agent	1301	<del></del>		Address of New R			<del></del>		
		8	Name	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
LINDEN, GERALD E 2718 CHICKASAW TRAIL STE SC							<del></del>			
ORLANDO FL 32822	a de la companya de l	. 8	12 Street A	iddress (P.O. Box Nu	dress (P.O. Box Number is Not Acceptable			le)		
OUTHOU LE SEGEE		. 8	3							
		L						· ·		
		8	14 City			FL	<b>85</b> Zip	Code		
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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 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 go an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR