COND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999. AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

OCUMENT # P9600059287

THE FINMARK GROUP, INC.

SIGNATURE:

FILED Jul 09, 1999 8:00 am Secretary of State

07-09-1999 90012 017 ***550.00

954-340-8446

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incipal Place of Business Mailing Address						1 10051065 110 50150 01117 60151 00511 04151 00	<u> </u>	ı (88)
† HILLSBORO BLVD. ERFIELD BEACH FL 33442 2461 HILLSBORO BLVD. DEERFIELD BEACH FL 33442 US						DO NOT WRITE IN TI	HIS SPACE	
						3. Date Incorporated or Qualified		
						07/16/1996		
Principal Place of Business 2a. Mailing Address						4. FEI Number	Applied Fo	
	D E Cyprostens DR					59-3391396	Not Applic	
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75 Addition Fee Required	
City & State City & State 28						6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip		intry		8. This corporation owes the current year		
3306		29	30	1 -		Intangible Personal Property.		
	9. Name and Address of Current	Registered Agent		81 N	lame	10. Name and Address of New Register	ad Agent	
EFFF	RON, STEVEN							
	HILLSBORO BLVD.			82 S	treet Ad	dress (P.O. Box Number is Not Acceptable)	ND	
	RFIELD BEACH FL 33442			83	_10	10 E. CYPRESS NEAD	```	-
				84 6	らんだ	L/Ann	85 Zip Code	っ
1. Pursuan	t to the provisions of sections 607 0502	and 607 1508. Florida Statute	s the ab	NVe-na	med corr	poration submits this statement for the purpose of	f changing its registerer	
office or	registered agent, or both, in the State of	if Florida. Such change was a	iuthorize	d by the	corpora	ation's board of directors. I hereby accept the ap	pointment as registered	ă
agent. I	am familiar with, and accept the obligat	ions of, section 607.0505, Fig	nda Sta	tutes.			_	
IGNATURE	Signature, typed or printed name of registered agent a	and title if applicable. (NO	TE: Registe	ered Agent	зідлаште п	equired when reinstating) DAT	E	- [
<u>. </u>	OFFICERS AND	***************************************	13.			ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN	12
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TY-ST-ZIP	[6.4 ÇI	ITY-ST-ZIP]
i. I hereby c	ertify that the information supplied with t	his filing does not qualify for th	ne exem	ption sta	ated in se	ection 119.07(3)(i), Florida Statutes. I further cert	ify that the information	
I. I hereby condicated an officer	on this annual report or supplemental a	nnual report is true and accur eiver or trustee empowered to	ne exem	ption sta	ated in se	ection 119.07(3)(i), Florida Statutes. I further cert re shall have the same legal effect as if made u required by Chapter 607, Florida Statutes; and t	nder oath: that I am	