

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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90168 027 ***150.00

0374887

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # P96000063694

1. Corporation Name
PRO - FIN FINANCIAL SERVICES CORPORATION



Principal Place of Business 3409 NW 59TH STREET WOODFIELD COUNTRY CLUB BOCA RATON FL 33496	Mailing Address 3409 NW 59TH STREET WOODFIELD COUNTRY CLUB BOCA RATON FL 33496
--	--

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/30/1996	
4. FEI Number 65-0688225	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business 10970 LA REINA RD	2a. Mailing Address 10970 LA REINA RD
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State DELRAY BEACH FL	City & State DELRAY BEACH FL
Zip 33446	Country USA

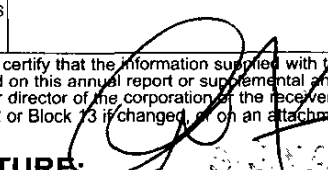
9. Name and Address of Current Registered Agent FINGER, RONALD WOODFIELD COUNTRY CLUB 3409 NW 59TH STREET BOCA RATON FL 33496		10. Name and Address of New Registered Agent 81 Name FINGER RONALD 82 Street Address (P.O. Box Number is Not Acceptable) 10970 LA REINA ROAD 83 (TIERRA DEL RAY NORTH) 84 City DELRAY BEACH FL 85 Zip Code 33446	
---	--	--	--

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 **2/8/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE PSTD	<input type="checkbox"/> DELETE	1.1 TITLE PSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME FINGER, RONALD		1.2 NAME FINGER RONALD	
STREET ADDRESS 3409 NW 59TH STREET		1.3 STREET ADDRESS 10970 LA REINA RD	
CITY-ST-ZIP BOCA RATON FL 33496		1.4 CITY-ST-ZIP DELRAY BEACH FL 33446	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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 on an attachment with an address, with all other like empowered.

SIGNATURE  SIGNATURE REQUIRED **2/8/99** **561 637 9406**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)