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

**PROFIT** CORPORATION ANNUAL REPORT (L.)



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **P96000085596**1. Corporation Name

CITY-ST-ZIP

FINCH FINANCIAL SERVICES CORP

1999

FINON F	IIIAHNOIAE SENVICES CON	, •					
Principal Disa	o of Rusiness	Mailing Address				ARAKI IRAN BINDI BINDI	
,							
1001 COLONY POINT CR. 1001 COLONY POINT CR APT 501 APT 521							
PEMBROKE PINES FL 33026 PEMBROKE PINES FL 3302			i		DO NOT WRITE IN 1	THIS SPACE	
US US					3. Date Incorporated or Qualifed		
					10/09/1996		
Principal Place of Business     2a. Mailing Address				4. FEI Number	Ar	pplied For	
21 26				65-0708287	No	ot Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certifcate of Status Desired	•	Additional	
22 27			,	of contracts of citates beared	Fee Re	equired	
City & State City & State				6. Election Campaign Financing	•	May Be	
23		28			Trust Fund Contribution	Added	to Fees
Zip	Country	Zip	Coun	iry	8. This corporation owes the current year		<b>X</b> No
24	25		30		Personal Property Tax.	Yes	MEZNO
	9. Name and Address of Curre	nt Registered Agent		Name	10. Name and Address of New Registe	rea Agent	
പ്രദേശ	DSTEIN, CARRIE B		'	Name			
405 BONNIE BRAE WAY			1	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	LYWOOD FL 33021			13		·	
1102	2111005120021	,		13	•	. *	
			1	34 City		85 Zip	Code
				<u> </u>		FL 03 2p	
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 age	<u> </u>		gent signature required			
12.		ND DIRECTORS **	13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	D STAGE ALBERT	☐ DELETE	1.1 TITLE		·	Change	☐ Addition
NAME	FINCH, ALBERT J	- F04	1.2 NAM				,
STREET ADDRESS 1001 COLONY POINT CR APT 521		1.3 STRI	EET ADDRESS				
CITY-ST-ZIP	PEMBROKE PINES FL			-ST-ZIP			- Addition
TITLE	D .	☐ DELETE	2.1 TITL			Change	Addition
NAME	FINCH, MARLENE J	-	2.2 NAM				
STREET ADDRESS	1001 COLONY POINT CR APT	521	2.3 STR	EET ADDRESS			}
CITY-ST-ZIP	PEMBROKE PINES FL			'-ST-ZIP			
TITLE	10 July 10 Jul	☐ DELETE	3.1 TITL			☐ Change	☐ Addition
NAME	••		3.2 NAM				
STREET ADORESS				EET ADDRESS			1.0
CITY-ST-ZIP			_	-ST-ZIP		Change	Addition
TITLE		☐ DELETE	4.1 TITL			Change	☐ Addition
NAME	-		4, 2 NAA				
STREET ADDRESS				EET ADDRESS			
CITY-ST-ZIP			4.4 CITY			- Chance	
TITLE		☐ DELETE	5.1 TITL	1		☐ Change	☐ Addition
NAME			5.2 NAM				
STREET ADDRESS	•			ETADDRESS			j
CITY-ST-ZIP		C per ete		-ST-ZIP		[	☐ Addisia -
TITLE	<b>,</b>	☐ DELETE	6.1 TITL			Change	☐ Addition i
·			6.2 NAM				
STREET ADDRESS			6.3 STR	ET ADDRESS			ĺ

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.

6.4 CITY-ST-ZIP

**FILED** 

Jan 20, 1999 8:00am

**Secretary of State** 

01-20-1999 90022 025 \*\*\*150.00