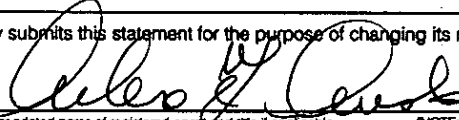



05-22-2001 90734 001 \*\*\*450.00

4604

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000059771				May 22, 2001 8:00 a	
1. Entity Name				Secretary of State	
Finamac II, Inc.				05-22-2001 90734 001 ***450.00	
Principal Place of Business		Mailing Address			
		7167 Radio Road Naples, Florida 34105			
2. Principal Place of Business		3. Mailing Address		DO NOT WRITE IN THIS SPACE	
		7167 Radio Road			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number	
		Naples, Florida		65-0850708	
Zip		Country		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
		U.S.			
6. Name and Address of Current Registered Agent				7. Name and Address of New Registered Agent	
Arlene F. Austin, P.A. 5811 Pelican Bay Blvd. Suite 201 Naples, Florida 34108				Name	
				Street Address (P.O. Box Number is Not Acceptable)	
				City	
				FL	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.				Zip Code	
SIGNATURE 				04/30/01	
Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)				DATE	
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) <input type="checkbox"/>				FILE NOW IN FEE IS \$150.00 After MAY 1, 2001 Fee will be \$550.00 Make Check Payable to Department of State	
10. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees					
11. OFFICERS AND DIRECTORS				12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME Addolorata, McIntosh				NAME	
STREET ADDRESS 2422 Kings Lake Blvd.				STREET ADDRESS	
CITY-ST-ZIP Naples, Florida 34112				CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME DTS				NAME	
STREET ADDRESS Gary, McIntosh				STREET ADDRESS	
CITY-ST-ZIP 2422 Kings Lake Blvd.				CITY-ST-ZIP	
Naples, Florida 34112					
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
TITLE <input type="checkbox"/> Delete				TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				NAME	
STREET ADDRESS				STREET ADDRESS	
CITY-ST-ZIP				CITY-ST-ZIP	
13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE:  GARY MCINTOSH DTS 30 Apr 01					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR					