

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

REGISTRATION
 ANNUAL REPORT
 1995



FLORIDA DEPARTMENT OF STATE
 Barbara M. Norman
 Secretary of State
 Tallahassee, Florida 32399-0001

**APPROVED
 AND
 FILED**

MAY 10 AM 10:35

DOCUMENT # **S20775** (0)

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

FINANCE FLORIDA, INC.

6000 KIMBERLY BLVD
 NORTH LAUDERDALE FL 33068

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 NORTH LAUDERDALE FL 33068

1. Date of Report: **12/21/1990**

2. Date of Last Report: **05/01/1994**

3. FIC Number: **65-0235684**

4. Acquired For: Acquired For Not Applicable

5. Contribution of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**

7. The corporation has liability for a liability tax under 5-199-032 Florida Statute: Yes No

2. Principal Office Location: **21**

2a. Mailing Address: **26**

22. Mailing Agency: **27**

23. State of Incorporation: **28**

24. **25** **29** **30**

9. Name and Address of Current Registered Agent

**GARFINKEL, MONROE I.
 6000 KIMBERLY BLVD.
 NORTH LAUDERDALE FL 33068**

10. Name and Address of New Registered Agent

81 Name: _____

82 Street Address (P.O. Box Number if Not Applicable): _____

83 _____

84 City: _____

85 State: **FL** Zip Code: _____

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 a registered agent, Florida Statutes.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
OFFICER	PD GARFINKEL, MONROE I. 5847 NW 69 WAY PARKLAND FL	1. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER	SD GARFINKEL, SUZAN 5847 NW 69 WAY PARKLAND FL	2. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		3. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		4. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		5. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition
OFFICER		6. OFFICER	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0502, Florida Statutes. I further certify that the information indicated on this annual report or on a quarterly annual report or both, and as updated, and that my signature shall have the same legal effect as if made under oath. That person or persons for whom the signature of the registered agent is required to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the list of officers and directors of the corporation with my address.

SIGNATURE: *Monroe I. Garfinkel*
 SIGNATURE AND TYPED OR PRINTED NAME OF BOARD OFFICER OR DIRECTOR
MONROE I. GARFINKEL, PRES

5/4/95 (305) 975-0200