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Mar 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **S20775** (0)
 1. Corporation Name:
FINANCE FLORIDA, INC.



Principal Place of Business: **6000 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068**

Mailing Address: **6000 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068-2812**

2. Principal Place of Business:		2a. Mailing Address:		3. Date Incorporated or Qualified: 12/21/1990		3a. Date of Last Report: 04/26/1996	
21. Subst. Apt. #, etc.	26. Subst. Apt. #, etc.	4. FEI Number: 65-0235684		Applied For:		Not Applicable	
22. City & State:	27. City & State:	5. Certificate of Status Desired: <input type="checkbox"/>		8.75 Additional Fee Required		6. Election Campaign Financing Trust Fund Contribution: <input type="checkbox"/>	
23. Zip: Country:	28. Zip: Country:	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		5.00 May Be Added to Fees			
24. Zip: Country:	29. Zip: Country:	30. Zip: Country:					

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 is Not Acceptable)

83.

84. City: **FL** 85. 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 and I am familiar with and I accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS

11.1 PD DELETE
GARFINKEL, MONROE I.
5847 NW 69 WAY
PARKLAND FL

11.2 SD DELETE
GARFINKEL, SUZAN
5847 NW 69 WAY
PARKLAND FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Change Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do 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 published 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; I am receiver or trustee; and I am empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears on Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Monroe I. Garfinkel* **MONROE I. GARFINKEL** 3/10/97 (954) 975-0180
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone

CR2E034 (9/96)