

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

**FILED**  
**May 06 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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 Mailing Address  
**6000 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068**      **6000 KIMBERLY BLVD. NORTH LAUDERDALE FL 33068**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 **1240 No. UNIVERSITY DR** 26 **1240 No. UNIVERSITY DR**  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 City & State 27 City & State  
 23 **CORAL SPRINGS, FL** 28 **CORAL SPRINGS, FL**  
 Zip Country Zip Country  
 24 **33071** 25 **USA** 29 **33071** 30 **USA**

3. Date Incorporated or Qualified  
**12/21/1990**

4. FEI Number **65-0235684** Applied For Not Applicable

5. Certificate of Status Desired  \$8.75 Additional Fee Required

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

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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 **GARFINKEL, MONROE**  
 82 Street Address (P.O. Box Number is Not Acceptable) **1240 No. UNIVERSITY DRIVE**  
 83  
 84 City **CORAL SPRINGS, FL** 85 Zip Code **33071**

11. Pursuant to the provisions of Sections 607.0402 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *Monroe Garfinkel* **MONROE GARFINKEL** DATE **4/6/98**

Signature typed or printed name of registered agent and title, if applicable. (NOTE - Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>GARFINKEL, MONROE I.</b>	
STREET ADDRESS	<b>5847 NW 69 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	<b>GARFINKEL, SUZAN</b>	
STREET ADDRESS	<b>5847 NW 69 WAY</b>	
CITY-ST-ZIP	<b>PARKLAND FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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.

SIGNATURE: *Monroe Garfinkel* **MONROE GARFINKEL** DATE: **4/6/98** (954) 344-4331

CR2E034 (10/97)