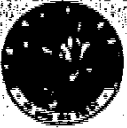


PLEASE PRINT PLANS FEE AFTER MAY 1 1995

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Monahan Secretary of State DIVISION OF CORPORATIONS
---	---	--

DOCUMENT # S75728 (3)

1. Corporation Name
FINEX INC.

Principal Place of Business	Mailing Address
P.O. BOX 1327 PALM HARBOR FL 34682-1327 US	P.O. BOX 1327 PALM HARBOR FL 34682-1327 US

**APPROVED
AND
FILED**

95 MAY -1 AM 3: 07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		08/26/1991	05/01/1994
Suite Apt # etc		Suite Apt # etc		4. FEI Number	Applied For
22		27		59-3084596	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		☐ \$5.00 May Be Added to Fees	
24		29		6. Election Campaign Financing Trust Fund Contribution	
25		30		8. This corporation has liability for intangible tax under S. 199.032 Florida Statutes ☒ Yes ☐ No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
O'CONNOR, PATRICK M. 18167 U.S. 19 N SUITE 150 CLEARWATER FL				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

11. Pursuant to the provisions of Sections 607.05(2) 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 607.05(5), Florida Statutes.

SIGNATURE _____ (Signature of Registered Agent or Designated Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS CHANGE S TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	2. NAME	
CITY & STATE	CITY & STATE	3. STREET ADDRESS	
		4. CITY & STATE	
TITLE	NAME	21. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	22. NAME	
CITY & STATE	CITY & STATE	23. STREET ADDRESS	
		24. CITY & STATE	
TITLE	NAME	31. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	32. NAME	
CITY & STATE	CITY & STATE	33. STREET ADDRESS	
		34. CITY & STATE	
TITLE	NAME	41. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	42. NAME	
CITY & STATE	CITY & STATE	43. STREET ADDRESS	
		44. CITY & STATE	
TITLE	NAME	51. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	52. NAME	
CITY & STATE	CITY & STATE	53. STREET ADDRESS	
		54. CITY & STATE	
TITLE	NAME	61. TITLE	☐ Change ☐ Addition
NAME	STREET ADDRESS	62. NAME	
CITY & STATE	CITY & STATE	63. STREET ADDRESS	
		64. CITY & STATE	

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(a), Florida Statutes. I further certify that the information indicated on the annual report or supplementary 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: *William A. Fagot* **William A. Fagot** 5/3/95 (813) 787-8040

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR