

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 30 AM 7:39

DOCUMENT # S90967 (8)

1. Corporation Name

FINN ENTERPRISES, INC.

Principal Place of Business

**6773 SE N. MARINA WAY
STUART FL 34986-1947**

Mailing Address

**6773 SE N. MARINA WAY
STUART FL 34986-1947**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/31/1991

3a. Date of Last Report

03/03/1994

4. FEI Number

65-0321405

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☒

Yes

☐

No

2. Principal Place of Business

21 2348 RIVER ROAD

Suite, Apt. #, etc.

22

City & State

23 JACKSONVILLE, FL

Zip

24 32207-4015

Country

25

2a. Mailing Address

26 2348 RIVER ROAD

Suite, Apt. #, etc.

27

City & State

28 JACKSONVILLE, FL

Zip

29 32207-4015

Country

30

9. Name and Address of Current Registered Agent

**ROSENBAUM, DAVID
C/O MALLAH, FURMAN & COMPANY
1399 S W FIRST AVE
MIAMI FL 33130**

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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

(Signature typed or printed name of registered agent and fee if applicable)

(NOTE: Registered Agent signature required when changing registered agent)

(DATE)

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY, ST, ZIP

**D
GOLD, JANICE FINN
6773 SE N. MARINA WAY
STUART FL**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

**2348 RIVER ROAD
JACKSONVILLE, FL 32207-4015**

☐ Change ☐ Addition

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY, ST, ZIP

☐ Change ☐ Addition

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY, ST, ZIP

☐ Change ☐ Addition

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY, ST, ZIP

☐ Change ☐ Addition

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY, ST, ZIP

☐ Change ☐ Addition

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY, ST, ZIP

☐ Change ☐ Addition

14. I hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(b), 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: X

(Signature typed or printed name of signing officer or director)

(Date)

(Signature Printed Name)