

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # V05682 (2)
1. Corporation Name
PRIVATE FINANCIAL SERVICE CORPORATION



Principal Place of Business: **1430 HIGHLAND AVE. EUSTIS FL 32726**
Mailing Address: **1430 HIGHLAND AVE. EUSTIS FL 32726**

3. Date Incorporated or Qualified: **01/09/1992** 3a. Date of Last Report: **05/01/1995**
4. FEI Number: **65-0313592** 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 Suite, Apt. #, etc.
22 City & State
23 Zip Country
24 Zip Country
25 Country

2a. Mailing Address
26 Suite, Apt. #, etc.
27 City & State
28 Zip Country
29 Zip Country
30 Country

9. Name and Address of Current Registered Agent
**CAPRIO, JORETTA A.
245 N. OCEAN BLVD.
STE. 306
DEERFIELD BEACH FL 33441**

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 607.1506, 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 _____ DATE _____
Signature of Corporation Registered Agent (If Corporation) Signature of Registered Agent (If Agent Registered and Retiring)

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	DAILEY, JOSEPH DANIEL	
STREET ADDRESS	706 E. LAKEVIEW AVE.	
CITY - ST - ZIP	EUSTIS FL	
TITLE	DT	<input type="checkbox"/> DELETE
NAME	DAILEY, OMAR MARIE	
STREET ADDRESS	706 E. LAKEVIEW AVE.	
CITY - ST - ZIP	EUSTIS FL	
TITLE	DPS	<input type="checkbox"/> DELETE
NAME	DAILEY, WILLIAM LAWRENCE	
STREET ADDRESS	1361 S. FEDERAL HWY.	
CITY - ST - ZIP	BOCA RATON FL	
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

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Add/Ret
12 NAME	
13 STREET ADDRESS	
14 CITY - ST - ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	2851 S. OCEAN BLVD. #2B
34 CITY - ST - ZIP	BOCA RATON, FL 33432
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	400001817624
54 CITY - ST - ZIP	-05/13/96--01013--014
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 CITY - ST - ZIP	

14. I do 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)(k), 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: *William L. Dailey* **WILLIAM L. DAILEY** 4-30-96 954-427-9655
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #
305

CR2E034 (12/95)