FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 10:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J88630** **(5)**

1. Corporation Name

FINANCIAL SERVICES INVESTMENT ADVISORS, INC.

Principal Place of Business	Mailing Address
950 NORTH ORLANDO AVE. SUITE 300 WINTER PARK FL 32789	950 NORTH ORLANDO AVE. SUITE 300 WINTER PARK FL 32789

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/20/1987
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business	2a. Mailing Address
21 950 RAILROAD AVE	26 P.O. BOX 1420
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State: WINTER PARK FL	28 City & State: WINTER PARK FL
24 Zip: 32789 25 County: USA	29 Zip: 32790 30 County: USA

4. FEI Number: 59-2845539 ☐ 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

7. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

SCHOFIELD, JOHN K.
950 N. ORLANDO AVE., SUITE 300
WINTER PARK FL 32789

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable): 950 RAILROAD AVE

83

84 City: WINTER PARK FL 85 Zip Code: 32789

11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: 4.28.95

Signature, typed or printed name of registered agent and title if agent is a corporation — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	FOREST, WARREN A.	12 NAME	SCHOFIELD, JOHN K.	
STREET ADDRESS	950 N ORLANDO AVE #300	13 STREET ADDRESS	950 RAILROAD AVE	
CITY-ST-ZIP	WINTER PARK FL	14 CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE	ST	21 TITLE		☒ Change ☐ Addition
NAME	HILL, PEGGY J.	22 NAME		
STREET ADDRESS	950 N ORLANDO AVE #300	23 STREET ADDRESS	950 RAILROAD AVE	
CITY-ST-ZIP	WINTER PARK FL	24 CITY-ST-ZIP	WINTER PARK FL 32789	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		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)(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: _____ Peggy J. Hill 4.20.95 407-629-0007

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

6044632 CP