

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

FILED
May 23 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **L97886** (0)

1. Corporation Name
DOMINION FINANCIAL SERVICES, INC.



Principal Place of Business 4848 10TH AVE. NO. LAKE WORTH FL 33414	Mailing Address 4848 10TH AVE. NO. LAKE WORTH FL 33463-2208
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/31/1990		3a. Date of Last Report 06/13/1996	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0213354		Applied For Not Applicable	
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			

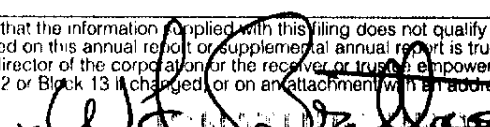
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
BRITTON, WILLIAM L. 4848 10TH AVE NORTH LAKE WORTH FL 33463				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City FL 85 Zip Code			

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 title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	CB	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITTON, WILLIAM L.			1.2 NAME			
STREET ADDRESS	744 WINDFLOWER CT			1.3 STREET ADDRESS			
CITY - ST - ZIP	WELLINGTON FL			1.4 CITY - ST - ZIP			
TITLE	PD	<input checked="" type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	READ, JAMES W			2.2 NAME			
STREET ADDRESS	1690 FARMINGTON CIRCLE			2.3 STREET ADDRESS			
CITY - ST - ZIP	WELLINGTON FL			2.4 CITY - ST - ZIP			
TITLE	VPD	<input type="checkbox"/> DELETE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BRITTON, DOROTHY A			3.2 NAME			
STREET ADDRESS	744 WINDFLOWER CT			3.3 STREET ADDRESS			
CITY - ST - ZIP	WELLINGTON FL			3.4 CITY - ST - ZIP			
TITLE	EVDP	<input checked="" type="checkbox"/> DELETE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	HESSION, PATRICK			4.2 NAME			
STREET ADDRESS	15930 MEADOW WOOD DRIVE			4.3 STREET ADDRESS			
CITY - ST - ZIP	WELLINGTON FL			4.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY - ST - ZIP				5.4 CITY - ST - ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY - ST - ZIP				6.4 CITY - ST - ZIP			

14. I do 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:  **WILLIAM L. BRITTON**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Date: **5/6/97** Daytime Phone #: **(561) 969-2020**

CR2E034 (9/96)