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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

POCUMENT # P95000028995 (5)

PEACE OF MIND FINANCIAL SERVICES CORP.

Principal Place of Business

Mailing Address

FILED May 01 1997 8:00am Secretary of State



860 WEST FAIRBANKS AVENUE WINTER PARK FL 82789			660 WEST FAIRBANKS AVENUE WINTER PARK FL 32789-4779				
						3. Date Incorporated or Qualified 04/10/1995	3a. Date of Last Report 04/30/1996
2. Principal Pi	ace of Business	2a. Mailino Ar	2a. Mailing Address			4. FEI Number	Applied For
21		—	26			59-3311366	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 Additional
22		27	<u> </u>			Of Certificate of Status Besileo	Fee Required
City & State	Э	├ ─¬ ′	City & State			6. Election Campaign Financing	\$5.00 May Be
Zip	Country	28		Countr		Trust Fund Contribution	☐ Added to Fees
24	25	├ ┐ `	29 30		у	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	
24	9. Name and Address of Cur			301		10. Name and Address of New Reg	
140	LIACCIO, RICHARD G			81	Name		
	WEST FAIRBANKS AVENUE						
	TER PARK FL 32789			82	Street	Address (P.O. Box Number is Not Acceptab	le)
******				83	3		
				84	City		85 Zip Code
					<u> L</u>		FL
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		(NOTE		ient signature	required when reinstating)	DATE:
12.	PSD	AND DIRECTORS	DELETE	13.		ADDITIONS/CHANGES TO OFFICE	
NAME	MIGLIACCIO, RICHARD C	L	Detrie	1.2 NAME			Change L Addition of
STREET ADDRESS	1507 GULFSIDE DR				T ADDRESS	1507 GOLFSIDE	
CITY-ST-ZIP	WINTER PARK FL			14 CHY-		1507 EOLFSIDE WINTON PARK FL	32792 B
TITLE			DELETE	21 11111		7775	Change Addition
NAME				2.2 NAME			
STREET ADDRESS				2.3 STREE	T ADDRESS		\ \
CITY-ST-ZIP			DE CTC	2. 4 CITY	-ST-ZIP		
TITLE		L	DELETE	3171111			Change Addition
NAME AVOICE ADDRESS				3.2 NAME	7 (1)000000		
STREET ADDRESS					1 ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY 4.1 TITLE	- S1 - ZIP		Change Addition
NAME		,	10000	4. 2 NAM			Onlings Treeships
STREET ADDRESS					T ADDRESS		
CITY-ST-ZIP				4.4 CITY		i i	
TITLE			DELETE	5.1 TITLE	<u> </u>		Change Addition
NAME				5.2 NAME		:	
STREET ADDRESS				5.3 STREE	T ADDRESS		
CITY-\$T-ZIP				5.4 DHY-	\$1 - ZIP	·	
TITLE			DELETE	61 TITLE			Change Addition
NAME .				6.2 NAME		•	
STREET ADDRESS				6.3 STREE	1 ADDRESS		[
CITY-ST-ZIP	and the short short short	are a contract of the		6.4 CITY-		:	
i i 🕶 i do neret	Jy Cuitily that the intornation supp	oneo wim inis tinig do	es not quality	y for the ex	emption S	tated in Section 119.07(3)(i), Florida Statute	s. Fronther centify that the

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. Flurther certify that the information Indicated on this annual report or supplemental armual 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