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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P97000086488**

1. Corporation Name

PRIVATE FINANCIAL CORPORATION

			Ì					
Principal Place of Business Mailing Address		•	I INCHES IN THE PRICE SOCIETY CONTINUENTS AND SAME AND SAME AND AND SAME AND ASSESSMENT OF THE PRICE SAME AND SAME AND SAME AND ADDRESS OF THE PRICE SAME AND SAME AN					
1430 HIGHLAND AVE. EUSTIS FL 32726 US	1430 Highland Ave. Eustis fl 32726 Us			DO NOT WRITE IN THIS SPACE				
				3. Date Incorporated or Qualifed 10/07/1997				
2. Principal Place of Business	2a. Mailing Address			4. FEI Number 59- 4PPLISTS 35/326/	Applied For Not Applicable			
Suite, Apt. #, etc.	Suite, Apt. #, etc.	• • •		5. Certificate of Status Desired	\$8.75 Additional Fee Required			
City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees			
Zip Country 24 25	Zip Cc	untry		This corporation owes the current year Interpretation Property Tax.	angible □Yes □No			
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent					
CAPRIO, JORETTA A.		81	Name					
1430 HIGHLAND AVENUE		82	Street Address	Street Address (P.O. Box Number is Not Acceptable)				
EUSTIS FL 32726		83						
		84	City	FI	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	Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re	gistered Agent signature required		DATE	
12.	OFFICERS AND DIRECTORS		ADDITIONS/CHANGES TO C		
TITLE	DP □ DELETE	1.1 TITLE		Change	☐ Addition
NAME	CAPRIO, JORETTA A	1.2 NAME	*,		
STREET ADDRESS	1430 HIGHLAND AVENUE	1.3 STREET ADDRESS			Ì
CITY-ST-ZIP	EUSTIS FL 32726	1.4 CITY-ST-ZIP			
TITLE	DST DELETE	2.1 TITLE		☐ Change	☐ Addition
NAME	DAILEY, OMA M	2.2 NAME			1
STREET ADDRESS	706 E. LAKEVIEW AVENUE	2.3 STREET ADDRESS			[
CITY-ST-ZIP	EUSTIS FL 32726	2.4 CITY-ST-ZIP			
TITLE	☐ DELETE	3.1 TITLE		☐ Change	☐ Addition
NAME		3.2 NAME			
STREET ADDRESS	`	3.3 STREET ADDRESS			ì
CITY-ST-ZIP	·	3.4. CITY-ST-ZIP			
TITLE	☐ DELETE	4.1 TITLE		☐ Change	Addition
NAME		4. 2 NAME			!
STREET ADDRESS		4.3 STREET ADDRESS		•	Ì
CITY-ST-ZIP		4.4 CITY-ST-ZIP			
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition
NAME		5.2 NAME			
STREET ADDRESS		5.3 STREET ADDRESS			
CITY-ST-ZIP		5.4 CITY-ST-ZIP			
TITLE	DELETE	6.1 TITLE		☐ Change	☐ Addition
NAME ,	on the second	6.2 NAME			
STREET ADDRESS	at in in the in	6.3 STREET ADDRESS		•	ľ
CITY-ST-ZIP		6.4 CITY-ST-ZIP			

14. I 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, with all other like empowered.

SIGNATURE: