


SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
1. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

APPROVED
AND
FILED

98 SEP -9 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

006442

PROFIT CORPORATION ANNUAL REPORT 1998			FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # S63555 (4)			
1. Corporation Name PEACE OF MY HEART INC.			

Principal Place of Business 6189-D LAUREL LANE TAMARAC FL 33319 US	Mailing Address 6189-D LAUREL LANE TAMARAC FL 33319
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	3. Date Incorporated or Qualified 06/27/1991	4. FEI Number 65-0286773	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required			
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees			
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent DENOWITCH, TARYN 6189-D LAUREL LANE FT. LAUDERDALE FL 33319		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DENONITCH, TARYN	1.2 NAME	
STREET ADDRESS	6189-D LAUREL LANE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33319	1.4 CITY-ST-ZIP	600002636376--E
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	-09/10/98-ED1064-ED01
NAME		2.2 NAME	****150.00 ****150.00
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		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 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: _____

CR2E034 (5/98)

Taryn Denowitch
3329 NW 101 AVE
Sunrise, FL 33351

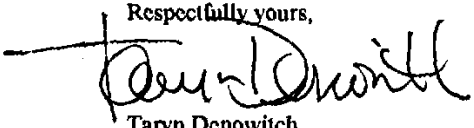
August 10, 1998

Ms. Amy Woodward, Director
Florida Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Ms. Woodward:

Thank you so much for taking the time to address my concern regarding my corporation, Peace of My Heart. I moved my residence in December of 1997 and have had a difficult time receiving mail in a prompt fashion. In any event, I have finally received this, your second notice and per our conversation am enclosing a check made payable to your department in the amount of \$150.00. Also, per our conversation, I would greatly appreciate it if you had the spelling of my name corrected as well. Once again thank you for your attention to this matter. If you have any questions, please feel free to contact me at 954-747-1999. Thank you.

Respectfully yours,


Taryn Denowitch
President
Peace of My Heart, Inc.

RECEIVED

98 SEP -8 AM 8:58

DIRECTOR
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA