


FILE NOW: FILING FEE IS \$61.25

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Feb 18, 1999 8:00am  
Secretary of State

02-18-1999 90046 030 \*\*\*\*\*61.25

NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 760798**

1. Corporation Name  
**FLORIDA LAWYERS SUPPORT SERVICES, INC.**

Principal Place of Business <b>FORT KNOX WAREHOUSE 1408 CAPITAL CIRCLE NE. BLDG. F TALLAHASSEE FL 32308 US</b>	Mailing Address <b>P.O. BOX 5647 TALLAHASSEE FL 32314 US</b>
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified <b>11/24/1981</b>
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number <b>59-2158852</b>
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
<b>JONES, JOHN ARTHUR 400 N. ASHLEY SUITE 2300 TAMPA FL 33602</b>		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	<b>FL</b>

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, 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 <b>P</b>	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ISPHORDING, ROGER O.</b>		1.2 NAME	
STREET ADDRESS <b>333 S. TAMiami TRAIL</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>VENICE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JONES, JOHN ARTHUR</b>		2.2 NAME	
STREET ADDRESS <b>400 NORTH ASHLEY, SUITE 2300</b>		2.3 STREET ADDRESS	
CITY-ST-ZIP <b>TAMPA FL</b>		2.4 CITY-ST-ZIP	
TITLE <b>VD</b>	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>ALTMAN, JAMES J.</b>		3.2 NAME	
STREET ADDRESS <b>5628 MAIN STREET</b>		3.3 STREET ADDRESS	
CITY-ST-ZIP <b>NEW PORT RICHEY FL</b>		3.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>EDWARD F. KOREN, ESQ.</b>		4.2 NAME	
STREET ADDRESS <b>92 LAKE WIRE DRIVE</b>		4.3 STREET ADDRESS	
CITY-ST-ZIP <b>LAKELAND FL</b>		4.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>JOHN G. GRIMSLEY E</b>		5.2 NAME	
STREET ADDRESS <b>50 N. LAURA ST. STE. 3400</b>		5.3 STREET ADDRESS	
CITY-ST-ZIP <b>JACKSONVILLE FL</b>		5.4 CITY-ST-ZIP	
TITLE <b>D</b>	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>SHERMAN, WILLIAM E.</b>		6.2 NAME	
STREET ADDRESS <b>145 E. RICH AVENUE</b>		6.3 STREET ADDRESS	
CITY-ST-ZIP <b>DELAND FL</b>		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 617, 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: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR **1/28/99 815-227-6664**  
Date Daytime Phone #

CR2E037 (11/98)