

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morton  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L91616 (7)**

1. Corporation Name  
**LEGAL FLYING SERVICE, INC.**



Principal Place of Business  
**2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130**

Mailing Address  
**2200 MUSEUM TOWER  
150 WEST FLAGLER STREET  
MIAMI FL 33130**

3. Date Incorporated or Qualified: **08/02/1990**  
3a. Date of Last Report: **04/17/1995**  
4. FFL Number: **65-0212646**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business  
21 **770 Cloughton Island Dr.**  
22 Suite, Apt. #, etc.: **#1109**  
23 City & State: **Miami, FL 33131**  
24 Zip: **33131** Country: **USA**

2a. Mailing Address  
26 **770 Cloughton Island Dr.**  
27 Suite, Apt. #, etc.: **#1109**  
28 City & State: **Miami, FL 33131**  
29 Zip: **33131** Country: **USA**

9. Name and Address of Current Registered Agent  
**SCHNEIDER, MARK A.  
150 WEST FLAGLER STREET  
MIAMI FL 33130**

10. Name and Address of New Registered Agent  
81  **Mark A. Schneider**  
82 Street Address (P.O. Box Number is Not Acceptable): **770 Cloughton Island Drive #1109**  
83  **Mark A. Schneider**  
84 City: **Miami** State: **FL** 85 Zip Code: **33131**

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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0506, Florida Statutes.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	<b>SCHNEIDER, MARK A.</b>	
STREET ADDRESS	<b>150 WEST FLAGLER STREET</b>	
CITY-STATE-ZIP	<b>MIAMI FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>President</b>
STREET ADDRESS	<b>Mark A. Schneider</b>
CITY-STATE-ZIP	<b>770 Cloughton Island Drive #1109</b>
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	
STREET ADDRESS	
CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(g), 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 or person in power 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: *MARK A. SCHNEIDER* **MARK A. SCHNEIDER** President **2/6/96** 307-789-3229

CR2E034 (12/95)