

**FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00**

CORPORATION  
ANNUAL REPORT  
1995



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

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

95 MAR -9 AM 9:09

DOCUMENT # **N24384** (2)

1. Corporation Name  
**PLAINTIFF PARALEGAL ASSOCIATION, INC.**

Principal Place of Business Mailing Address  
C/O ROBERT V. ROMANI  
~~PO BOX 4118~~ ~~PO BOX 4118~~  
~~PALM BEACH FL 33402~~ ~~PALM BEACH FL 33402~~  
**PO-Box 3115** **P.O. Box 3115**  
**West Palm Beach, Florida 33402** **West Palm Beach, Florida 33402**

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified **01/19/1988** 3a. Date of Last Report **03/28/1994**  
4. FEI Number **NOT APPLICABLE** 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**  
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status  **\$68.75 Supplemental Fee Not Required**  
8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country  
24

9. Name and Address of Current Registered Agent  
**ROMANI, ROBERT V.**  
**316 FIRST STREET BANYAN BLVD.**  
**PO BOX 4118**  
**WEST PALM BEACH FL 33402**

10. Name and Address of New Registered Agent  
81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City **FL** 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]* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b>
NAME	<b>WILLIAMS, JAMES</b>
STREET ADDRESS	<b>515 N FLAGLER DR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33401</b>
TITLE	<b>D</b>
NAME	<b>VAGARRO, JOSEPH</b>
STREET ADDRESS	<b>1645 PALM BCH LAKES BLVD, S250</b>
CITY-ST-ZIP	<b>W, PALM BEACH FL 33401</b>
TITLE	<b>PD</b>
NAME	<b>POSTON, FRANK</b>
STREET ADDRESS	<b>201 S 2ND ST</b>
CITY-ST-ZIP	<b>FT PIERCE FL 33411</b>
TITLE	<b>D</b>
NAME	<b>TOWNSEND, LIZ</b>
STREET ADDRESS	<b>515 NO FLAGLER DRIVE, 10TH FLOOR</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 3340</b>
TITLE	<b>V.P.</b>
NAME	<b>LOPEZ, RICHARD LOPEZ, RICHARD E</b>
STREET ADDRESS	<b>250 AUSTRALIAN AVE S SUITE 1404</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 3340</b>
TITLE	<b>V.P.</b>
NAME	<b>BURMAN, KATHLEEN</b>
STREET ADDRESS	<b>712 US HWY 1 S300</b>
CITY-ST-ZIP	<b>N PALM BCH FL 33408</b>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>33401</b>
2.1 TITLE	<b>VACCARO, JOSEPH</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	<b>33401</b>
3.1 TITLE	<b>DIRECTOR</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	<b>33411</b>
4.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	<b>33401</b>
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>PRESIDENT RICHARD E</b>
5.3 STREET ADDRESS	<b>LOPEZ, RICHARD E</b>
5.4 CITY-ST-ZIP	<b>250 AUSTRALIAN AVE, S SUITE 1404</b>
6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	<b>WEST PALM BEACH, FL 33408</b>
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	<b>33408</b>

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 110.07(3)(k), 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 not attached with an address.

SIGNATURE: *[Signature]* DATE: **March 6, 1995** TELEPHONE: **407-832-9400**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR