

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT CORPORATION
 ANNUAL REPORT
 1996



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

DOCUMENT # N24384 (2)
 1. Corporation Name
PLAINTIFF PARALEGAL ASSOCIATION, INC.



Principal Place of Business Mailing Address
C/O ROBERT V. ROMANI
PO BOX 3115
PALM BEACH FL 33480
US

3. Date Incorporated or Qualified **01/19/1988** 3a. Date of Last Report **03/09/1995**
 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**
 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 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent
ROMANI, ROBERT V.
316 FIRST STREET
PO BOX 3887
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 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, JAMES	
STREET ADDRESS	515 N FLAGLER DR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VACCARO, JOSEPH	
STREET ADDRESS	1645 PALM BCH LAKES BLVD, S250	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	POSTON, FRANK	
STREET ADDRESS	201 S 2ND ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	TOWNSEND, LIZ	
STREET ADDRESS	515 NO FLAGLER DRIVE, 10TH FLOOR	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	LOPEZ, RICHARD E.	
STREET ADDRESS	250 AUSTRALIAN AVE STE 1404	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BURMAN, KATHLEEN	
STREET ADDRESS	712 US HWY 1 S300	
CITY-ST-ZIP	N PLAM BCH FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	PATRICIA J. WARREN	
1.3 STREET ADDRESS	2240 WOODBRIGHT RD # 306	
1.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33426	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	VICE PRESIDENT	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	JERRY KERWIN	
4.3 STREET ADDRESS	413 W. BOYNTON BEACH BLVD	
4.4 CITY-ST-ZIP	BOYNTON BEACH, FL 33435	
5.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	DIRECTOR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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 119.07(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, with an attachment with an address.

SIGNATURE: *Patricia J. Warren* Date: **7/18/96** Daytime Phone #: **3648373**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (3/96)