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FILED
Sep 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997



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

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



Principal Place of Business: C/O JEROME KERWIN, 413 W. BOYNTON BEACH BLVD., BOYNTON BEACH FL 33435 US

Mailing Address: C/O JEROME KERWIN, 413 W. BOYNTON BEACH BLVD., BOYNTON BEACH FL 33435 US

3. Date Incorporated or Qualified: 01/19/1988
3a. Date of Last Report: 07/23/1996

2. Principal Place of Business (21-24)
2a. Mailing Address (25-30)

4. FEI Number: NOT APPLICABLE
5. Certificate of Status Desired: \$8.75 Additional Fee Required
6. Election Campaign Financing: \$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

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: JEROME M. KERWIN
82 Street Address: 413 W. BOYNTON BEACH BLVD.
83 City: BOYNTON BEACH FL 85 33435

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 617.0603, Florida Statutes.

SIGNATURE: *Jerome M. Kerwin* DATE: 9-8-97

12. OFFICERS AND DIRECTORS

TITLE	P	DELETE
NAME	WARREN, PATRICIA	
STREET ADDRESS	2240 WOOLBRIGHT ROAD #306	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	VACCARO, JOSEPH	
STREET ADDRESS	1845 PALM BCH LAKES BLVD, S250	
CITY-ST-ZIP	W. PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	POSTON, FRANK	
STREET ADDRESS	201 S 2ND ST	
CITY-ST-ZIP	FT PIERCE FL	
TITLE	V	<input type="checkbox"/> DELETE
NAME	KERWIN, JERRY	
STREET ADDRESS	413 W BOYNTON BEACH BLVD	
CITY-ST-ZIP	BOYNTON BEACH FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	LOPEZ, RICHARD E.	
STREET ADDRESS	250 AUSTRALIAN AVE STE 1404	
CITY-ST-ZIP	WEST PALM BEACH FL	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	BURMAN, KATHLEEN	
STREET ADDRESS	712 US HWY 1 S300	
CITY-ST-ZIP	N PLAM BCH FL	

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	WARREN, PATRICIA	
1.3 STREET ADDRESS	2240 WOOLBRIGHT ROAD #306	
1.4 CITY-ST-ZIP	BOYNTON BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KERWIN, JEROME	
4.3 STREET ADDRESS	413 W. BOYNTON BEACH BLVD.	
4.4 CITY-ST-ZIP	BOYNTON BEACH FL	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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14. I do 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.

CR2E037 (9/96)