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Mar 31 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # N24384 (2)**

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

Principal Place of Business <b>C/O JEROME KERWIN 413 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435 US</b>	Mailing Address <b>C/O JEROME KERWIN 413 W. BOYNTON BEACH BLVD. BOYNTON BEACH FL 33435 US</b>
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3. Date Incorporated or Qualified  
**01/19/1988**

4. FEI Number  
**NOT APPLICABLE**

Applied For	Not Applicable
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21. Principal Place of Business <b>C/O PHILLIP G. WALDROP</b>	22a. Mailing Address <b>C/O PHILLIP G. WALDROP</b>
22. Suite, Apt. #, etc. <b>6666 S.E. Seven Oaks Lane</b>	22b. Suite, Apt. #, etc. <b>6666 S.E. Seven Oaks Lane</b>
23. City & State <b>STUART HOBE SOUND</b>	23b. City & State <b>STUART HOBE SOUND</b>
24. Zip <b>33497</b>	24b. Zip <b>33497</b>
25. Country <b>USA</b>	25b. Country <b>USA</b>

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. Is this nonprofit corporation a homeowners association?  
 Yes  No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.  
 Yes  No

9. Name and Address of Current Registered Agent

**KERWIN, JEROME M  
413 W. BOYNTON BEACH BLVD.  
BOYNTON BEACH FL 33435**

10. Name and Address of New Registered Agent

81 Name <b>WALDROP, PHILLIP G.</b>
82 Street Address (P.O. Box Number is Not Acceptable) <b>6666 SE SEVEN OAKS LANE</b>
83 City <b>STUART</b>
84 State <b>FL</b>
85 Zip Code <b>33497</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 *Phillip G. Waldrop* DATE \_\_\_\_\_

Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WARREN, PATRICIA</b>	
STREET ADDRESS	<b>2240 WOOLBRIGHT ROAD #306</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>VACCARO, JOSEPH</b>	
STREET ADDRESS	<b>1845 PALM BCH LAKES BLVD, S250</b>	
CITY-ST-ZIP	<b>W. PALM BEACH FL</b>	
TITLE	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>KERWIN, JEROME</b>	
STREET ADDRESS	<b>413 W BOYNTON BEACH BLVD</b>	
CITY-ST-ZIP	<b>BOYNTON BEACH FL</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>LOPEZ, RICHARD E.</b>	
STREET ADDRESS	<b>250 AUSTRALIAN AVE STE 1404</b>	
CITY-ST-ZIP	<b>WEST PALM BEACH FL</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	<b>KERWIN, JEROME</b>
3.3 STREET ADDRESS	<b>413 W. BOYNTON BEACH BLVD.</b>
3.4 CITY-ST-ZIP	<b>BOYNTON BEACH, FL.</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME	<b>P WALDROP, PHILLIP G.</b>
5.3 STREET ADDRESS	<b>HOBE SOUND, FL.</b>
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	

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.

SIGNATURE: *Jerome M. Kerwin* DATE: **3/25/98**

CF2E037 (10/97)