

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
 AMOUNT DUE ON OR BEFORE 09/15/99: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

FILED
Sep 09, 1999 8:00 am
Secretary of State

09-09-1999 90004 014 ****61.25

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **N24384**

Corporation Name
PLAINTIFF PARALEGAL ASSOCIATION, INC.

| | |
|--|--|
| Principal Place of Business C/O PHILLIP G WALDROP 6666 S.E. SEVEN OAKS STUART, FL 34997 JS | Mailing Address C/O PHILLIP G WALDROP 6666 S.E. SEVEN OAKS LANE STUART FL 34997 US |
|--|--|



| | | |
|-----------------------------|---------------------|--|
| Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified 01/19/1988 |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. | 4. FEI Number NOT APPLICABLE |
| City & State | City & State | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required |
| Zip Country | Zip Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees |

| | | | |
|---|--|--|-----------|
| 9. Name and Address of Current Registered Agent | | 10. Name and Address of New Registered Agent | |
| WALDROP, PHILLIP G 6666 S.E. SEVEN OAKS LANE STUART FL 34997 | | 81. Name | |
| | | 82. Street Address (P.O. Box Number is Not Acceptable) | |
| | | 83. | |
| | | 84. City | FL |
| | | 85. Zip Code | |

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

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|---|
| LE | D <input type="checkbox"/> DELETE WARREN, PATRICIA 2240 WOOLBRIGHT ROAD #306 BOYNTON BEACH FL | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 1.2 NAME | |
| REET ADDRESS | | 1.3 STREET ADDRESS | |
| Y-ST-ZIP | | 1.4 CITY-ST-ZIP | |
| LE | D <input type="checkbox"/> DELETE VACCARO, JOSEPH 1645 PALM BCH LAKES BLVD, S250 W. PALM BEACH FL | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 2.2 NAME | |
| REET ADDRESS | | 2.3 STREET ADDRESS | |
| Y-ST-ZIP | | 2.4 CITY-ST-ZIP | |
| LE | D <input type="checkbox"/> DELETE KERWIN, JEROME 413 W BOYNTON BEACH BLVD BOYNTON BEACH FL | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 3.2 NAME | |
| REET ADDRESS | | 3.3 STREET ADDRESS | |
| Y-ST-ZIP | | 3.4 CITY-ST-ZIP | |
| LE | P <input type="checkbox"/> DELETE WALDROP, PHILLIP G 6666 S.E. SEVEN OAKS LANE STUART FL 34997 | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 4.2 NAME | |
| REET ADDRESS | | 4.3 STREET ADDRESS | |
| Y-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 5.2 NAME | |
| REET ADDRESS | | 5.3 STREET ADDRESS | |
| Y-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| LE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ME | | 6.2 NAME | |
| REET ADDRESS | | 6.3 STREET ADDRESS | |
| Y-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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, with all other like empowered.

SIGNATURE: *Phillip G. Waldrop* **Phillip G. Waldrop** 8/15/99 287-3359 561-
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (5/99)