

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

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95 MAY -1 AM 9:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION
ANNUAL REPORT
1995



OFFICE DEPARTMENT OF STATE
Linda B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000056701 (4)**
1. Corporation Name
LEGAL FORCE INCORPORATED

Principal Place of Business Mailing Address
**222 W COMSTOCK AVENUE
STE 111
WINTER PARK FL 32789
US**

2. Principal Place of Business 28. Mailing Address
21 **144 Maitland Avenue** 26 **P.O. Box 150160**
22 **Suite A** 27
23 **Altamonte Springs, FL.** 28 **Altamonte Springs, FL.**
24 **32701** 25 **US** 29 **32715-0160** 30 **US**

(X) NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **08/09/1993** 3a. Date of Last Report **08/05/1994**
4. FEI Number **59-3194865** Applied For
5. Certificate of Status Desired \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contributions \$5.00 May Be Added to Fees
B. This corporation has liability for intangible tax under S. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent
**GAGE, KEITH
222 W COMSTOCK AVENUE
SUITE 111
WINTER PARK FL 32789**

10. Name and Address of New Registered Agent
81 Name **Benjamin D. Warren**
82 Street Address (P.O. Box Number is Not Acceptable) **144 Maitland Avenue**
83 **Suite A**
84 City **Altamonte Springs** 85 Zip Code **FL 32701**

11. Pursuant to the provisions of Sections 607.0602 and 607.1408, 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 in compliance with the provisions of Section 607.0605, Florida Statutes.
SIGNATURE: *Benjamin D. Warren, Director* April 24, 1995

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (12)	
OFFICE	D FLOOD, KEVIN P 144A MAITLAND AVE MAITLAND FL	1. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY		4. CITY	
STATE	D WARREN, BENJAMIN D 7834 TIMBER RIVER CIRCLE ORLANDO FL	5. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY		8. CITY	
STATE		9. STATE	
NAME		10. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		11. STREET ADDRESS	
CITY		12. CITY	
STATE		13. STATE	
NAME		14. NAME	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		15. STREET ADDRESS	
CITY		16. CITY	
STATE		17. STATE	

14. I, the undersigned, certify that the information supplied with this filing is voluntary, true and correct and equally for the record as stated in Sections 119.051 and Florida Statutes. I further certify that the information indicated on this annual report and supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made on the same date that this certificate or this supplemental report is received or filed in accordance with the provisions of the report as required by Chapter 607, Florida Statutes, and that my name appears on the 8-12 or 8-13 of this report as an authorized agent with an address.

SIGNATURE: *Kevin P. Flood* 7/10/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KEVIN P. FLOOD

4/26/95 407 836-1433