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

PROFIT CORPORATION ANNUAL REPORT



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

1996

SIGNATURE:

1. Corporation	MENT # P9500 LEGAL RESOURCES, INC.	0009329 (0)			
Principal Place	of Business	Mailing Address			I BENI BENI BUND IBNO MIND MUND IBNI 1681
3567 GATLIN PLACE CIRCLE ORLANDO FL 32812		3567 GATLIN PLACE CI ORLANDO FL 32812	ROLE		
0.0.00				3. Date Incorporated or Qualified	3a. Date of Last Report
2. Principal Pla	nce of Business	2a. Mailing Address		02/03/1995 4. FEI Number	Applied For
1		26		59-3303464	Not Applicable
Suite, Apt. #	, etc.	Suite, Apt. #, etc. 27		5. Certificate of Status Desired	S8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
3		26		Trust Fund Contribution	Added to Fees
Zip ⊐	Country	Zip	Country	8. This corporation has liability for i	
4	25 9, Name and Address of Curren	29 t Registered Agent	[30]	10. Name and Address of New R	
14 EAS SUITE 5 ORLAND	DO FL 32801		83 O C	INNA L BISTOP ess (P.O. Box Number is No Acceptate 67 Gattin Place ando	FL 85 328/2
or registere familiar with SIGNATURE	ed agent, o both, in the State of Floric h, and a cept the obligations of Special Signeration of printed name of a state of agent	and titled of Micable (NOT	LUC XI	ation submits this statement for the pur to pullifectors. I hereby accept the appoint d when renstating! ADDITIONS/CHANGES TO OFF	1/1/96 DATE
TITLE	DPST	DELETE	4.470715		Change Addition
NAME	BARTKOWIAK, DANNA L		1.2 NAME 1	lishop, DANNA L.	,
STREET ADDRESS	3567 GATLIN PLACE CIRCLE		1.3 STREET ADDRESS	•	
CITY-ST-7IP	ORLANDO FL 32812		1.4 CITY - ST - ZIP		Channa Ed Addison
TITLE	V	DELETE	2. 1 TITLE		Change Addition
NAME	BISHOP, VINCENT L		2 2 NAME		
STREET ADDRESS	6 PINWOOD RD. BLOOMFIELD CT 06002		2.3 STREET ADDRESS 2.4 CITY - ST - ZIP		
DITY-ST- <i>TIP</i> HITLE	BLOOMFIELD C1 00002	☐ DELETE	3. 1 TITLE		Change Addition
NAME		_	3.2 NAME		
STREFT ADDRESS			3.3. STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY - ST - ZIP		
TITLE		☐ DELETE	4. 1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY - ST- ZIP		חמונינ	4 4 CHY-ST-ZIP		M-Change Addition
TITLE		☐ DEFELE	5 1 TITLE 52 NAME		TRE SIN
NAME			5 2 NAME 5 3 STREET ADDRESS		37.794
STREET ADDRESS			5.4 CITY-ST-ZIP		か. みし '
CITY-ST-ZIP Title		DETELE	6. 1 TITLE	· · · · · · · · · · · · · · · · · · ·	Change Addition
NAME		_	6.2 NAME		-1.00
STREET ADDRESS			6.3 STREET ADDRESS		VED 97 KV
CITY-ST-7IP			6 4 CITY - ST - ZIP		MOR' TILL
and the street	t the information indicated on this annu	ial report or europemental anni	ial report is true and accurs	for the exemption stated in Section 119 ate and that my signature shall have the	Same ikoa eneceas ii made disder
oath: that	the information indicated on this airik Lam an officer or director of the corpo Block 12 or Block 13 if changed, or	oration or the receiver or trustee	i empowered to execute th	is report as required by Chapter 607, Fl	orida Statutes; and that my name

\$/11/96 407-273-5/11