

**FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**FILED**

**Apr 18 1997 8:00am  
Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # P95000088621 (4)**

1. Corporation Name  
**MAITLAND LAW CENTRE, INC.**



Principal Place of Business  
**159 LOOKOUT PL.  
SUITE 101  
MAITLAND FL 32751  
US**

Mailing Address  
**159 LOOKOUT PL.  
SUITE 101  
MAITLAND FL 32751-0423  
US**

3. Date Incorporated or Qualified **11/15/1995** 3a. Date of Last Report **08/06/1996**

4. FEI Number **59-3346099** Applied For  Not Applicable

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. Zip Country 28. Zip Country

24. Zip Country 29. Zip Country 30. Zip Country

9. Name and Address of Current Registered Agent

**RUBINO, NICHOLAS J ESQ.  
159 LOOKOUT PLACE  
SUITE 101  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City **FL** 85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>RUBINO, NICHOLAS J</b>	
STREET ADDRESS	<b>1440 PELICAN BAY TRAIL</b>	
CITY - ST - ZIP	<b>WINTER PARK FL</b>	
TITLE	<b>DVPS</b>	<input type="checkbox"/> DELETE
NAME	<b>AKINS, KENT</b>	
STREET ADDRESS	<b>116 TANGELO COURT</b>	
CITY - ST - ZIP	<b>MAITLAND FL</b>	
TITLE	<b>DVP</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>PEPPLER, THOMAS R</b>	
STREET ADDRESS	<b>2873 DANIELLE DRIVE</b>	
CITY - ST - ZIP	<b>OVIEDO 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	<b>DP</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>RUBINO, Nicholas J.</b>	
1.3 STREET ADDRESS	<b>1440 Pelican Bay Trail</b>	
1.4 CITY - ST - ZIP	<b>Winter Park, FL 32792</b>	
2.1 TITLE	<b>DVP ST</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>AKINS, KENT</b>	
2.3 STREET ADDRESS	<b>116 Tangelo Court</b>	
2.4 CITY - ST - ZIP	<b>MAITLAND, FL</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
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 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		

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **Nicholas J. Rubino**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: **April 14, 1997**  
Day/Time Phone #

CR2E034 (9/96)