

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90081 007 \*\*\*150.00

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

DOCUMENT # **P96000012096**

1. Corporation Name  
**PARALEGAL ASSISTANCE SERVICES, INC.**



Principal Place of Business  
 1291-A S. POWERLINE ROAD  
 SUITE 260  
 POMPANO BEACH FL 33069

Mailing Address  
 2117 HOLLYWOOD BLVD  
 112  
 HOLLYWOOD FL 33020  
 US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business  
 21 2112 Tyler Street  
 Suite, Apt. #, etc.  
 22  
 City & State  
 23 Hollywood, FL  
 Zip Country  
 24 33020 25 Broward 29 30

2a. Mailing Address  
 26  
 Suite, Apt. #, etc.  
 27  
 City & State  
 28  
 Zip Country  
 29 30

3. Date Incorporated or Qualified  
**02/07/1996**

4. FEI Number  
**65-0702638** 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 owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent  
**JOSEPH, LAWANDA**  
 1291-A S. POWERLINE ROAD  
 SUITE 260  
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent  
 81 Name  
**Same**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**2117 Hollywood Blvd.**  
 83  
**Suite 112**  
 84 City  
**Hollywood, FL** 85 Zip Code  
**FL 33020**

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

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

12. OFFICERS AND DIRECTORS	
TITLE	DPS <input type="checkbox"/> DELETE
NAME	JOSPEH, LAWANDA
STREET ADDRESS	1291-A S. POWERLINE ROAD, SUITE 260
CITY-ST-ZIP	POMPANO BEACH FL 33069
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Joseph, Lawanda
1.3 STREET ADDRESS	2117 Hollywood Blvd., #112
1.4 CITY-ST-ZIP	Hollywood, FL 33020
2.1 TITLE	DVPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Joseph, Marcella
2.3 STREET ADDRESS	2117 Hollywood Blvd., Suite 112
2.4 CITY-ST-ZIP	Hollywood, FL 33020
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 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, with all other like empowered.

SIGNATURE: *Lawanda Joseph*  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-99 (954) 925-8185  
 Date Daytime Phone #

CR2E034 (11/98)