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

PROFIT **CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # 518206

LEGAL SERVICE AGENTS, INC.

, , ,	
Principal Place of Business	Mailing Address
19 W. FLAGLER STREET. #711 MIAMI FL 33130	19 W. FLAGLER STREET. #711 MIAMI FL 33130

## FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90055 036 \*\*\*150.00

Principal Plac	e of Business	Mailing A	ddress				· (2014) 50.00 (2014) [8074]	, BIBL! B		
	R STREET. #711		AGLER STREET. #	711						
MIAMI FL 3313	0	MIAM! FL	33130				חם אחד א	WRITE IN THIS	SPACE	
							3. Date Incorporated or Qual		<u></u>	
							11/10/1976			
2. Principal P	lace of Business	2a. Mailir	ng Address				4. FEI Number		Ap	plied For
21	,	26	<del>-</del>				59-1742070			t Applicable
Suite, Apt.	#, etc.		Apt. #, etc.				1	d 🗆	\$8.75 A	
22	*	27		<del></del> –			5. Certifcate of Status Desire	u LJ	Fee Re	quired
City & Stat	ie .	City &	& State				6. Election Campaign Finance	ing 🗆	\$5.00	
23		28					Trust Fund Contribution		Added t	o Fees
Zip	Country	Zip	<b>⊢</b> · · · ·				8. This corporation owes the	current year Int		.
24	25	29		30			Personal Property Tax.  10. Name and Address of No.	Danistared	Yes	be No
	9. Name and Address of Curi	ent Registered	Agent		81	Name	JU. Name and Address of No	ew registered	Agent	
מבח	LUS, BURT E.				["]					
	vest flagler street, suit	E 711			82	Street Addre	ess (P.O. Box Number is Not Acc	eptable)		
	WI FL 33130	m - 11			83				<del></del> -	
itil/ W										
					84	City		_ FL	85 Zip (	Code
11 Purevent	to the provisions of Sections 607.0	1502 and 607 150	8 Florida Statute	s, the at	bove	-named como	ration submits this statement for	the purpose of	changing its	registered
office of r	edistered agent or both, in the Sta	ate of Florida, Suc	ch change was au	ithorized	ו עם ו	tne corporation	n's board of directors. I hereby a	ccept the appoi	ntment as rec	gistered
agent. I a	m familiar with, and accept the obli	yadons of, Section	и оо <i>т</i> .0505, FIOR	เนล จเลไไ	ues.	•				
SIGNATURE	Signature, typed or printed name of registered	agent and title if applicat	ole. (NOTE:	Registered	Agen	t signature required	when reinstating)	DATE	<del></del>	—— )
12.		AND DIRECTOR	<del></del>	13.			ADDITIONS/CHANGES TO	OFFICERS AN		RS IN 12
TITLE	PD .		☐ DELETE	1.1 TIT	LE				Change	☐ Addition
NAME	REDLUS,BURT E.			1.2 NA	ME					
STREET ADDRESS	19 W FLAGLER ST. #711			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	MIAMI FL					T. 7IP				ì
TITLE				1.4 CF	TY-S1	·				
NAME			☐ DELETE	1.4 CF 2.1 TIT	_	1-21			Change	☐ Addition
			☐ DELETE		ΠE				Change	Addition
STREET ADDRESS			☐ DELETÉ	2.1 TIT 2.2 NA	TLE ME	ADDRESS	•		Change	☐ Addition
STREET ADDRESS CITY-ST-ZIP	ga gar			2.1 TIT 2.2 NA	TLE VME REET	ADDRESS				
}			☐ DELETÉ	2.1 TIT 2.2 NA 2.3 ST	TLE ME REET	ADDRESS			☐ Change	Addition
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CITY-ST-ZIP TITLE	ya ya			2.1 TIT 2.2 NA 2.3 ST 2.4 CI 3.1 TIT 3.2 NA	TLE  ME  REET  TY-S  TLE  ME	ADDRESS				
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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 of 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: