

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

FILED

Feb 10 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # J93625 (8)
 1. Corporation Name
EXPRESS LEGAL SERVICES, INC.

Principal Place of Business C/O CANDICE L. MIRAVALLE 1103 W HIBISCUS BLVD / STE 302 WEST MELBOURNE FL 32904 US	Mailing Address C/O CANDICE L. MIRAVALLE 1103 W HIBISCUS BLVD / STE 302 WEST MELBOURNE FL 32904 US
--	--



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 129 W. Hibiscus Blvd Suite, Apt. #, etc. 22 Melbourne City & State 23 FL Zip 24 32901	2a. Mailing Address 26 129 W. Hibiscus Blvd Suite, Apt. #, etc. 27 Melbourne City & State 28 FL Zip 29 32901
---	--

3. Date Incorporated or Qualified 09/17/1987	4. FEI Number 59-2847502	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

9. Name and Address of Current Registered Agent MIRAVALLE, CANDICE L. 1103 W HIBISCUS BLVD / STE 302 WEST MELBOURNE FL 32904	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 129 W. Hibiscus Blvd 83 84 City Melbourne FL 85 Zip Code 32901
---	---

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, 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 provisions of, Section 607.0505, Florida Statutes.

SIGNATURE *Candice L. Miravalle* *Candice L. Miravalle* DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MIRAVALLE, CANDICE L.	1.2 NAME	
STREET ADDRESS	4800 COREY RD	1.3 STREET ADDRESS	
CITY-ST-ZIP	MALABAR FL 32950	1.4 CITY-ST-ZIP	
TITLE	TDV <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEGRAFF, MERVIN	2.2 NAME	
STREET ADDRESS	895 HAFTEZ ST NE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BAY FL 32907	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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

SIGNATURE: *Candice L. Miravalle* *Candice L. Miravalle* 407-729-6399

CR2E034 (10/97)