FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **K72076** **(8)**

1. Corporation Name
PAPERWORK ASSISTANCE, INC.

Principal Place of Business
C/O BETTY J. KNIGHT
9301 NE 6TH AVE B204
MIAMI SHORES FL 33138

Mailing Address
C/O BETTY J. KNIGHT
9301 NE 6TH AVE B204
MIAMI SHORES FL 33138

3. Date Incorporated or Qualified: **03/13/1989**
3a. Date of Last Report: **01/19/1995**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip 24 County 25

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

4. FEI Number: **65-0101086** ☐ 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

9. Name and Address of Current Registered Agent

KNIGHT, BETTY J.
49 N.E. 108TH ST.
MIAMI FL 33161

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: (Signature of New Registered Agent, if Applicable) (Typed or Printed Name of Person Signing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TYPE	DPTS	1.1 TITLE	D P	☒ Change ☐ Addition
NAME	KNIGHT, BETTY J.	1.2 NAME		
STREET ADDRESS	49 N.E. 108TH ST.	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP		
☐ DELETE				
TYPE	VD	2.1 TITLE		☐ Change ☐ Addition
NAME	KIMBROUGH, LINDA A	2.2 NAME		
STREET ADDRESS	4800 KEITH DR	2.3 STREET ADDRESS		
CITY-ST-ZIP	BIRMINGHAM AL	2.4 CITY-ST-ZIP		
☐ DELETE				
TYPE	DTS	3.1 TITLE	V D T S	☒ Change ☐ Addition
NAME	~~KIMBROUGH, LINDA A.~~	3.2 NAME		
STREET ADDRESS	~~231 S HIBISCUS COURT~~	3.3 STREET ADDRESS	4800 KEITH DRIVE	
CITY-ST-ZIP	~~PLANTATION FL~~	3.4 CITY-ST-ZIP	Birmingham, AL	
☐ DELETE				
TYPE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
☐ DELETE				
TYPE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
☐ DELETE				
TYPE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Betty Knight Betty Knight Secretary/Treasurer 1/19/96 (305) 758-0708
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #