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

FILED Apr 12, 1999 8:00 am Secretary of State

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Corporation Name

PARALEGALS AT LARGE, INC.

Principal Place of Business
5101 SW 198TH TERR FT LAUDERDALE FL 33332

Mailing Address

5101 SW 198TH TERR

T LAUDERDALE FL 33332		FT LAUDERDALE FL 33332			DO NOT WRITE IN THIS SPACE			
						3. Date Incorporated or Qualifed 04/10/1989		
2.	Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
1		26				65-0113028	Not Applicable	
2	Suite, Apt. #, etc.	Suite, Apt. #, etc	<u> </u>		<u> </u>	\$8.75	Additional Required	
3	City & State	City & State				1	0 May Be d to Fees	
4	Zip Country	Zip 29	30	untry		8. This corporation owes the current year Intangible Personal Property Tax.	N₀	
	9. Name and Address of Current F	legistered Agent		T		10. Name and Address of New Registered Agent		
	SINGER, JOSEPH K. 201 N UNIVERSITY DR., SUITE 114			81 82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	PLANTATION FL 33324			83		<u> </u>		

11. Pursuant to the provisions of Sections 60Z 0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent; on both, buthe State of Rorida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent Ten familiar with and accept the obtaining of Section 607.0505. Florida Statutes.

84 City

agent, i a	a familiar with and accept the soligations of, section our today, mond	a Otatates.	21/6/199	
SIGNATURE	The state of the s			<u> </u>
		egistered Agent signature r	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	112
12.	OFFICERS AND DIRECTORS DELETE	13.		Addition
TITLE ,	0 ,	1.1 πn.E	Change (, riduluoi,
NAME	SINGER, MARIA A.	1.2 NAME		1
STREET ADDRESS	5101 SW 198TH TERR	1.3 STREET ADDRESS		į
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NAME	·	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	_	5.4 CITY-ST-ZIP	`	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐	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, with all other like empowered.

SIGNATURE:

Zip Code

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