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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortnam

Secretary of State
DIVISION OF CORPORATIONS

1996
DOCUMENT #
1. Corporation Name

L92398

(1)

LAWYER'S HOTLINE, INC.

Mailing Address

1001 GREAT OAKS DRIVE GULF BREEZE FL 32561 LIS

Principal Place of Business

P.O. BOX 1732 P O BOX 1732 PENSACOLA FL

PENSACOLA FL 32598

3. Date Incorporated or Qualified

3a. Date of Last Report

FILED

Apr 29, 1996 08:00 AM

Secretary of State

25 Suite, April				V 1/ 14/ 1/44 1/44 1/44 1/44 1/44 1/44 1					08/06/1990	0	4/26/	1995
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27				26	26				59-3027096			Not Applicable
28	Suite, Apt. #, etc.							5. Certificate of Status Desired		-		
20	City & State	City & State	y & State			6. Election Campaign Financing		\$5	NO May Bo			
28	23				28							
S. Name and Address of Current Registered Apent COHEN, JOEL M. 213 S. ALCANIZ ST PENSACOLA FL 32501 82 Street Address (P.O. Box Number is Not Acceptable) 83 Orly FL 85 Zip Codo 63 Orly FL 85 Zip Codo 64 Orly FL 85 Zip Codo 65 Orly FL 85 Zip Codo 66 Orly FL 86 City FL 86 Zip Codo 67 Signifier with a deception beginning or tools in the State of Tiorist. Such change was authorised by the corporation's board of directors. Hereby accept the appointment as registered agent, and accept the displayors of, Section 807 OSSO, Florida Statutes. The above named corporation's board of directors. Hereby accept the appointment as registered agent, and accept the displayors of, Section 807 OSSO, Florida Statutes. SIGNATURE CFECERS AND DIRECTORS. 12. CFECERS AND DIRECTORS. 13. ACDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 14. THE DPT CHEN, CALL F. 15. THE DPT CHEN, CALL F. 15. ACDITIONS CHANGES TO OFFICERS AND DIRECTORS IN 12 15. THE CHEN, CALL F. 15. THE DELETE 2.1 THE 2.1 THE CHEN, CALL F. 15. THE CHE	Z.p		Country		Ζφ	Cou	ntry		8. This corporation has liability for	intangible ta	x unde	s 199.032,
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4. I do hereby certify that the information supplied with this filling is voluntarily furnished and does not qualify for the exemption stated in Section 119 07(3)(k). 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: /

MALL F. CORE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-23-96 904-932-4110

CR2F034 (12/0)