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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # L92398 (1)

LAWYER'S HOTLINE, INC.

FILED Apr 24 1998 8:00am Secretary of State

Principal Place of Business 1001 GREAT OAKS DRIVE	Mailing Address						
GULF BREEZE FL 32561 P O BOX 1732					DO NOT MULTE IN YOUR ADVOC		
US	PENSACOLA FL 32598 US				DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/06/1990	:E	
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	Applied For	
21	26				59-3027096	Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				_ \$:	3.75 Additional	
22 City & State	27				5. Certificate of Status Desired	Fee Required	
City & State	City & State					5.00 May Be	
Zip Country	Zip Country					Added to Fees	
24 25	29	30			8. This corporation owes or has paid the current personal Property Tax due June 30.		
9. Name and Address of Current					10. Name and Address of New Registered Ager		
COHEN, JOEL M.			81 N	ame	• · · · · · · · · · · · · · · · · · · ·		
213 S ALCANIZ ST			82 S	treet Addre	et Address (P.O. Box Number is Not Acceptable)		
PENSACOLA FL 32501		ļ			<u> </u>		
·			83		•		
		Ī	B4 C	ity	FL 85	Zip Code	
11. Pursuant to the provisions of Sections 607,0502	and 607,1508, Florida Statu	tes. the ab	ove-na	med corpo		nging its registered	
office or registered agent, or both, in the State of agent. I am familiar with, and accept the obligation	of Florida, Such change was	authorized	by the	e corporation	oration submits this statement for the purpose of chalon's board of directors. I hereby accept the appointn	nent as registered	
SIGNATURE	tions of, decitor our.0000, in	onda otati	ACO,				
Signature, lyped or pointed name of registered agen		L: Registered	Agent sig	gnature require	d when reinstating) DATE		
112. OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFICERS AND DIR	(
ANIEN ANE	DELETE 11 TITLE					Change	
STREET ADDRESS 1001 GREAT OAKS DR	1.2 NAM 1.3 STRE			0000			
CITY-ST-ZIP GULF BREEZE FL			Y-ST-ZI	- (
TIFLE	DELETE	2.1 TITLE				Change	
NAME		2.2 NAME		1			
STREET ADDRESS		2.3 \$16	REET ADO	RESS		ĺ	
Cfty-St-ZIP		2. 4 CIT		P			
TITLE	DELETE	3.1 TITLE				Change	
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP	DELETE	3.4. CITY-\$1-ZIP 4.1 TITLE		<u> </u>		Change Addition	
NAME		4.1 ME			ь.	Alange Addition	
STREET ADDRESS			REET ADO	RESS			
CITY-ST-ZIP		1	Y-ST-ZIF			ĺ	
TITLE	DELETE	5.1 TITLE				hange Addition	
NAME		5.2 NA	5.2 NAME			J	
STREET ADDRESS		5.3 STF	5.3 STREET ADDRESS				
CRY-ST-ZIP			5.4 CITY - ST - ZIP				
TITLE	DELETE	•	6.1 TITLE			Change	
NAME			6.2 NAME				
STREET ADDRESS			EET ADD	,		}	
City-st-zip 14. Thereby certify that the information supplied with	h this filing does not qualify f		Y-SI-ZIF mption		Section 119.07(3)(i), Florida Statutes. I further certify t	hat the information	

Indicated on this annual report or supplied with ris filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the informatio indicated on this annual report is supplied with 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 chapter, or on an attachment with an address.

GNATURE:

GNATURE: