

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

DOCUMENT # M93996

1. Corporation Name

PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

Principal Place of Business

1406 HAYS ST.
SUITE 2
TALLAHASSEE FL 32301-4546

Mailing Address

1406 HAYS ST.
SUITE 2
TALLAHASSEE FL 32301-4546

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

9. Name and Address of Current Registered Agent

CAPITOL SERVICES INC
1406 HAYS ST
SUITE 2
TALLAHASSEE FL 32301

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, typed or printed name of registered agent and the applicable

(921) Registered Agent Signature required for this filing

(921)

12. OFFICERS AND DIRECTORS

TITLE [] DELETE
NAME DPT
STREET ADDRESS HILL, KATHLEEN J.
CITY-ST-ZIP 1406 HAYS ST STE 2
TALLAHASSEE FL

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE [] DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE D-VP
12 NAME Slattery, Brendan G.
13 STREET ADDRESS 1406 Hays St., Suite 2
14 CITY-ST-ZIP Tallahassee, FL 32301

21 TITLE
22 NAME
23 STREET ADDRESS

24 CITY-ST-ZIP
31 TITLE
32 NAME
33 STREET ADDRESS

34 CITY-ST-ZIP
41 TITLE
42 NAME
43 STREET ADDRESS

44 CITY-ST-ZIP
51 TITLE
52 NAME
53 STREET ADDRESS

54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

FILED

08 APR 28 PM 12:16

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Outdied

08/11/1988

4. FEI Number

59-2905950

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 owes the current year Intangible
Personal Property Tax [] Yes [X] No

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

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(b), 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:

Kathleen J. Hill 4/27/99 850-878-4734

0049891

CR2E034 (11/98)