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NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001947

1. Corporation Name

AMERICAN PARALEGAL COUNCIL, INC.

Principal Place of Business

~~199 E. PALMETTO PARK RD.~~
~~SUITE 106~~
~~BOCA RATON FL 33432~~

Mailing Address

~~153 E. PALMETTO PARK RD.~~
~~SUITE 106~~
~~BOCA RATON FL 33432~~



2. Principal Place of Business

21 **7003 MANDARIN DR.**

2a. Mailing Address

26 **7003 MANDARIN DR.**

Suite, Apt. #, etc.

22 **C/O R.W. BEAVER**

Suite, Apt. #, etc.

27 **C/O R.W. BEAVER**

City & State

23 **BOCA RATON, FL**

City & State

28 **BOCA RATON, FL**

Zip

24 **33433**

Country

25 **USA**

Zip

29 **33433**

Country

30 **USA**

3. Date Incorporated or Qualified

04/18/1994

4. FEI Number

NOT APPLICABLE

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

9. Name and Address of Current Registered Agent

SHERMAN, GARY ESQ.
600 SOUTH ANDREWS AVENUE
STE. 405
FORT LAUDERDALE FL 33301

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D** ☐ DELETE
NAME **CAPEZZOLI, RICHARD S**
STREET ADDRESS **21004 LAS BRISAS CIRCLE**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **D** ☐ DELETE
NAME **BEAVER, ROBERT**
STREET ADDRESS **860 N.E. 76 STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**

TITLE **D** ☐ DELETE
NAME **BEAVER, NANCY**
STREET ADDRESS **860 N.E. 76 STREET**
CITY-ST-ZIP **BOCA RATON FL 33487**

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

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **7003 MANDARIN DR.**
1.4 CITY-ST-ZIP **BOCA RATON FL 33433**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **7003 MANDARIN DR.**
2.4 CITY-ST-ZIP **BOCA RATON FL 33433**

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **7003 MANDARIN DR.**
3.4 CITY-ST-ZIP **BOCA RATON FL 33433**

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 617, 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:

SIGNATURE REQUIRED
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/24/99 (81) 28-112
Date Daytime Phone #

CR2E037 (11/98)