FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

1. Corporation Name N94000003242 (4)

THE LEGAL DEFENSE FUND OF SPECIALTY AGENTS, INC. Principal Place of Business Mailing Address						
Principal Place	of Business	Mailing Address				
1880 BRICKEU Miami Fl 331		1880 BRICKELL AVE. Miami Fl 33129				
						3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1994 08/25/1995
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number Applied For 65-0576639 Not Applicate
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State		City & State				6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zφ	Country	Zip	—	untry		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes [] No
24	25	29	30	Т		Florida Statutes LJ Yes LJ No 10. Name and Address of New Registered Agent
	g. Name and Address of Currer	nt Hegistered Agent		81	Name	10. Name and Address of New Negistered Agent
0011401	EV 0140150 1500					
GRIMSLE 1880 BR	ey, charles j esq. NCKell ave.			82	Street Ad	ddress (P.O. Box Number is Not Acceptable)
MIAMI FI				83		
				64	City	FL 85 Zip Code
SIGNATURE .	Signature, typed or printed name of registered agen					oard of directors. I hereby accept the appointment as registered agent. I am ured when reinstating) ADDITIONS*CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	DP OF FIGURE 2	DELETE	1.1 T	151 E		☐ Change ☐ Additio
TIFLE	JENKINS, ELI	Lipterit		IAME		
NAME	1880 BRICKEL AVE.		1		r address	
STREET ADDRESS	MIAMI FL 33129				ST-ZIP	
CITY - ST - ZIP TITLE	DS	DELETE	211		51 - ZIF	☐ Change ☐ Additio
NAME	GRIMSLEY, CHARLES J	L		IAME		·
STREET ADDRESS	1880 BRICKELL AVE.				T ADDRESS	
CITY-ST-ZIP	MIAMI FL 33129				ST-ZIP	
TITLE	DS	[]DELETE	317			Change Addition
NAME	DALY, FRANK		32 N	HAM E		
STREET ADDRESS	1880 BRICKELL AVE		335	IREE	r address	
CITY - ST - ZIP	MIAMI FL 33129		34	CITY-	ST · ZIP	
TITLE		[]DELETE	417	TITLE		Change Addition
NAME			4 2	NAME	:	
STREET ADDRESS	ł		435	STREE	t address	
CITY - ST - ZIP			440	CITY-:	ST-ZIP	
TITLE		[]DELETE	511	TITLE		☐ Change ☐ Addition
NAME			521	NAME		
STREET ADDRESS			5 3 5	STREE	1 ADDRESS	
CITY-ST-ZIP			5.4 (CITY-	ST · ZIP	
TITLÉ		[]DELETE	611	TITLE	ļ	☐ Change ☐ Addition
NAME			621	NAME		
STREET ADDRESS			635	STREE	T ADDRESS	

14. (do hereby certify that the information supplied with this filing 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an all achiment with an address. SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR J. GAIMSLEY 1/15/96

64 CITY-ST-ZIP

SIGNATURE: