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NONPROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 14 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N9400005701 (7) 1. Corporation Name

LEGALNET OF SOUTH FLORIDA, INC.

Principal Place of Business Mailing Address						T TO STATE OF A TO STATE A TO STATE OF THE CONTRACT OF THE STATE STATE OF THE STATE				
3901 NW 78 AVE #113 MIAMI FL 33166		3901 NW 79 AVE #113				M orbital sin				
		MIAMI FL 33166-6554	MIAMI FL 33166-6554			3. Date incorporated or Qualified 11/17/1994	Sa. Da	te of Last Re 11/27/198	epon j	
2. Principal Pla	ace of Business	2a. Mailing Address				APPLIED FOR APPLIED	-058775	• • • • • • • • • • • • • • • • • • • •	plied For	
1 Suite Act 4	# oto	Suite, Apt. #, etc.				ALLEILO LON		·····	t Applicable	
Suite, Apt. #, etc.			27			5. Certificate of Status Desired		\$8.75 A		
City & State		City & State				6. Election Campaign Financing		\$5.00	May Be	
3		28				Trust Fund Contribution		Added to		
Zip 7	Country	Zip	Cour 30	ntry		This corporation has liability to Florida Statutes		Mx under s. No	199.032,	
41	9. Name and Address of Curre	<u>4 </u>	1901		1	10. Name and Address of New				
	, , , , , , , , , , , , , , , , , , ,			81 Nam	ne					
HILL, SHIRLEY			-	82 Street Address (P.O. Box Number is Not Acceptable)			***************************************			
	V 79 AVE		Ĺ			5 (1.10. 00) 10 10 10 10 10 00 pt				
#113				83						
MIAMI F	L 33166		ŀ	84 City			F*1	85 Zip 0	Code	
44 5		00 047 4500 50	3 - 4 - 1				<u>FL</u>			
office or reagent. I an	o the provisions of Sections 617.05 ogistered agent, or both, in the State in familiar with, and accept the oblig	e of Florida. Such change was gations of, Section 617.0503, F	authorized Florida State	by the coutes.	orporation	's board of directors. I hereby acc	ept the appo	intment as	registered	
	Signature, typed or printed name of registered ag			Agent signat	ture required	when reinstating)	DATE	OIDEOTÁD	5 41 16	
12.	PD OFFICERS AN	ND DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OF	FICERS AND	☐ Change	Addition	
TITLE NAME	SHANAHAN, PATRICK W	pullin	1.2 NA		İ			Onlings	LI AUGILIA	
STREET ADDRESS	4770 BISCAYNE BLVD., STE	1030		me Reet addres	.					
CITY-ST-ZIP	MIAMI FL 33137	., 1000		17-\$T- ZIP	»					
TITLE	VD	☐ DELETE	2.1 T/T					☐ Change	Addition	
NAME	NARUP, RICHARD		2.2 NA	ME			16. n. s ₄ .			
STREET ADDRESS	8100 WEST 26TH AVENUE		2.3 STI	REET ADDRES	s					
CITY-ST-ZIP	HIALEAH FL 33016		2. 4 CI	ty-st-zip						
TITLE	\$D	☐ DELETE	3.1 TiT	LE		•	8	☐ Change	Addition	
NAME	LUCAS, LIS		3.2 NA					•		
STREET ADDRESS	600 BARNETT AVE., #203			reet adores	s					
CITY-ST-ZIP	MIAMI FL 33130 TD	DELETE	3.4. CF 4.1 TIT	TY-ST-ZIP				Change	Addition	
NAME	BIDDULPH, TERRY	blace	4.1 III 4.2 N/		1			L. Criango	Addition	
STREET ADDRESS	7900 SW 53 PL			REET ADORES	s l					
CITY-ST-ZIP	S MIAMI FL 33143			Y-ST-ZIP						
TITLE		DELETE	5.1 TIT				***************************************	Change	Addition	
NAME			5.2 NA	ME						
STREET ADDRESS			5.3 \$T	REET ADORES	ss					
CITY-ST-ZIP				ry-ST-ZIP			······································	T-12.		
TITLE		☐ DELETE	6.1 717					Change	Addition	
NAME			6.2 NA							
STREET ADDRESS				REET ADDRES	SS					
CITY-ST-ZIP	by certify that the information supplie	ed with this filing does not gue		ry-ST-ZIP exemption	n stated is	Section 119 07/31(i) Florida State	ites I further	certify that	the	
informatio	n indicated on this annual report or fficer or director of the corporation on Block 12 or Block 13 if changed.	supplemental annual report is or the receiver or trustee empt	s true and a owered to e	ocurate a	ind that m	y signature shall have the same is	gal effect as	If made und	der oath; that	