

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

NON-PROFIT
CORPORATION
ANNUAL REPORT



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

DOCUMENT # **1999 Non-profit** **NA4000005701 (NP)**

1. Corporation Name **LEGALNET OF SOUTH FLORIDA, INC**

LEGALNET

Principal Place of Business Mailing Address

99 JUN -7 PM 1:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **701 PROMENADE DR.**
Suite, Apt. #, etc.
22 **SUITE 104**
City & State
23 **PEMBROKE PINES**
Zip Country
24 **33026** 25 **U.S.A.**
2a. Mailing Address
26 **7900 S.W. 53 PLACE**
Suite, Apt. #, etc.
27
City & State
28 **MIAMI, FLORIDA**
Zip Country
29 **33143** 30 **U.S.A.**

3. Date Incorporated or Qualified
OCTOBER 1, 1994
4. FEI Number
65-0587754
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 ☐ No
10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent
SHIRLEY HILL
c/o PROTEMPS OF MIAMI, INC.
701 PROMENADE DRIVE
SUITE 104
PEMBROKE PINES, FL 33026

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code
FL

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 **Shirley Hill** 2/25/99
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS
TITLE ☒ DELETE
NAME **PRESIDENT AND DIRECTOR**
STREET ADDRESS **PATRICK W. SHANAHAN**
CITY-ST-ZIP **MIAMI 4770 BISCAYNE BLVD STE1030 FL33137**
TITLE ☒ DELETE
NAME **VICE PRESIDENT AND DIRECTOR**
STREET ADDRESS **FREDERICK R. NARUP**
CITY-ST-ZIP **8190 W. 26 AVE HIALEAH, FL33016**
TITLE ☐ DELETE
NAME **SECRETARY AND DIRECTOR**
STREET ADDRESS **LIS LUCAS**
CITY-ST-ZIP **600 BRICKELL AVE #203 MIAMI FL33131**
TITLE ☒ DELETE
NAME **TREASURER**
STREET ADDRESS **TERRENCE G. BIDDULPH**
CITY-ST-ZIP **7900 S.W. 53 PL MIAMI, FL 33143**
TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
11 TITLE **PRESIDENT AND DIRECTOR** ☒ Change ☐ Addition
12 NAME
13 STREET ADDRESS **FREDERICK R. NARUP**
14 CITY-ST-ZIP **8190 W. 26 AVE HIALEAH, FLORIDA 33016**
21 TITLE ☒ Change ☐ Addition
22 NAME **VICE PRESIDENT AND DIRECTOR**
23 STREET ADDRESS **DOLORES WEGLARZ**
24 CITY-ST-ZIP **10850 S.W. 13 PLACE #114 MIAMI FL33176**
31 TITLE ☐ Change ☐ Addition
32 NAME **SECRETARY AND DIRECTOR**
33 STREET ADDRESS **LIS LUCAS**
34 CITY-ST-ZIP **600 BRICKELL AVE# 203 MIAMI FL33131**
41 TITLE ☒ Change ☐ Addition
42 NAME **TREASURER**
43 STREET ADDRESS **FREDERICK R. NARUP**
44 CITY-ST-ZIP **8190 W.26 AVE HIALEAH, FL 33016**
51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
61 TITLE
62 NAME
63 STREET ADDRESS
64 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. I am an officer or director of the corporation or the registered agent or trustee empowered to execute this report. This report is required by Chapter 607, Florida Statutes, and my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **Terrence G. Biddulph** (TERRENCE G. BIDDULPH) 2/26/99 (305) 670-5122
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date

CR2E034 (11/98)