

FILE NOW: FILING FEE IS \$61.25

FILED

Feb 26 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N97000004812 (0)**
1. Corporation Name

ORGANIZATION FOR LEGAL SECRETARIES, INC.



Principal Place of Business 9231 SUN POINTE DRIVE BOYNTON BEACH FL 33437	Mailing Address 9231 SUN POINTE DRIVE BOYNTON BEACH FL 33437
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3. Date Incorporated or Qualified 08/19/1997
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4. FEI Number 65-0776486	Applied For <input type="checkbox"/> Not Applicable
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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6. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No
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9. Name and Address of Current Registered Agent VANMORKHOVEN, MARCEL 9231 SUN POINTE DRIVE BOYNTON BEACH FL 33437	
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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	
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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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	ASD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	DIAS, JINGER	1.2 NAME	Behrens, Karen
STREET ADDRESS	68 BAYTREE LANE	1.3 STREET ADDRESS	4209-42nd way
CITY-ST-ZIP	LANTANA FL 33402	1.4 CITY-ST-ZIP	W. PALM BEACH FL 33407
TITLE	PD <input type="checkbox"/> DELETE	2.1 TITLE	SD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	VANMORKHOVEN, KATY	2.2 NAME	Hitchcock, Peggy
STREET ADDRESS	9231 SUN POINTE DRIVE	2.3 STREET ADDRESS	4241 Green Forest way
CITY-ST-ZIP	BOYNTON BEACH FL 33437	2.4 CITY-ST-ZIP	LANTANA FL 33462
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALBURY, JAN	3.2 NAME	
STREET ADDRESS	P.O. BOX 33123E	3.3 STREET ADDRESS	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33420	3.4 CITY-ST-ZIP	
TITLE	ASD <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TONI, MARIA	4.2 NAME	
STREET ADDRESS	2749 OAK DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	4.4 CITY-ST-ZIP	
TITLE	VTD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BROCKLEY, MARYANNE K	5.2 NAME	
STREET ADDRESS	1561 ROYAL FOREST COURT	5.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33406	5.4 CITY-ST-ZIP	
TITLE	SD <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ZOPF, CARMEN M	6.2 NAME	
STREET ADDRESS	5821 58TH WAY	6.3 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33409	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.

SIGNATURE: Maryanne K Brockley 1-29-98 561 653-1200

CR2E037 (10/97)