FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

96 SEP -6 AM 10:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P92000005993 (0)**

1. Corporation Name

PRIME TIME PARALEGAL CORPORATION

Principal Place of Business	Mailing Address
750 S. ORANGE BLOSSOM TR. SUITE 259 ORLANDO FL 32805	750 S. ORANGE BLOSSOM TR. SUITE 259 ORLANDO FL 32805

750 S. Orange Blossom Tr.

2. Principal Place of Business: ~~750 S. Orange Blossom Tr.~~ Pl

22 Suite, Apt. #, etc: Suite 120

23 City & State: ORLANDO, FL

24 Zip: 32805 25 Country: USA

2a. Mailing Address: 26 750 S. ORANGE Blossom Tr.

27 Suite, Apt. #, etc: Suite 120

28 City & State: ORLANDO, FL

29 Zip: 32805 30 Country: USA

3. Date Incorporated or Qualified: 11/16/1992

3a. Date of Last Report: 09/08/1995

4. FEI Number: 59-3152709 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired: X **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HILL, ANDERSON C II
750 S. ORANGE BLOSSOM TRAIL
SUITE 259
ORLANDO FL 32805

10. Name and Address of New Registered Agent

81 Name: ANDERSON C. Hill, II

82 Street Address (P.O. Box Number is Not Acceptable): 750 S. ORANGE Blossom Trail

83 Suite 120

84 City: ORLANDO FL 85 Zip Code: 32805

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, Sections 607.0505, Florida Statutes.

SIGNATURE: C. Hill, II — 7/15/96

Signature, typed or printed name of Registered Agent — Date — (CR2E) Registered Agent Signature required for filing

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D HILL, ANDERSON C. II 750 S. ORANGE BLOSSOM TRAIL, #259 ORLANDO FL 32805	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition 600001952836 -09/20/96--01033--013 ****238.75 ****238.75
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (12/95)

14. I 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)(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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: C. Hill, II Director 7/15/96 1-800-422-8597

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #