

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
May 08 1997 8:00am  
Secretary of State

DOCUMENT # P92000005993 (0)

1. Corporation Name

PRIME TIME PARALEGAL CORPORATION

Principal Place of Business

750 S. ORANGE BLOSSOM TR.  
SUITE 120  
ORLANDO FL 32805

Mailing Address

750 S. ORANGE BLOSSOM TR.  
SUITE 120  
ORLANDO FL 32805-3133



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

11/16/1992

3a. Date of Last Report

09/06/1996

4. FEI Number

59-3152709

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 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 120  
ORLANDO FL 32805

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

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME HILL, ANDERSON C. II  
STREET ADDRESS 750 S. ORANGE BLOSSOM TRAIL, #259  
CITY-ST-ZIP ORLANDO FL 32805

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition

1.2 NAME Hill, Anderson C. II  
1.3 STREET ADDRESS 750 S. Orange Blossom Trail, #120  
1.4 CITY-ST-ZIP Orlando, FL 32805

2.1 TITLE D ☐ Change ☒ Addition

2.2 NAME Peterson, Erma G.  
2.3 STREET ADDRESS 750 S. Orange Blossom Trail, #120  
2.4 CITY-ST-ZIP Orlando, FL 32805

3.1 TITLE D ☐ Change ☒ Addition

3.2 NAME Coleman, Gregory Y.  
3.3 STREET ADDRESS 750 S. Orange Blossom Trail, #120  
3.4 CITY-ST-ZIP Orlando, FL 32805

4.1 TITLE D ☐ Change ☒ Addition

4.2 NAME Finley, Arthur  
4.3 STREET ADDRESS 750 S. Orange Blossom Trail, #120  
4.4 CITY-ST-ZIP Orlando, FL 32805

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-ZIP

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

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/28/97

(407) 426-8597

Date

Daytime Phone #

0008446

CR2E034 (9/96)