

# FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Martin  
Secretary of State  
(850) 488-3000 (800) 342-3992

APPROVED  
AND  
FILED

05 MAY 12 AM 10:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004844 (5)

1. Corporation Name:

ATTORNEY'S LEGAL RESEARCH, INC.

Principal Place of Business	Mailing Address
43 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931	43 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931

2. Principal Place of Business	2a. Mailing Address	3b. Date Incorporated or Organized	3a. Date of Last Report
21	26	01/22/1993	06/28/1994
State, Apt. #, etc.	Date, Apt. #, etc.	4. TFI Number	Applied For <input checked="" type="checkbox"/> Not Applicable
22	27	59-3166802	
City & State	City & State	5. Certificate of Status Desired	<input checked="" type="checkbox"/> \$8.75 Additional Fee Required
23	28	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
24	25	7. This corporation has liability for intangible tax under § 199-132. Florida Statute	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent
JACOVITZ, STEVEN J 43 SOUTH ATLANTIC AVENUE COCOA BEACH FL 32931			81. Name
			82. Street Address (P.O. Box Numbers Not Acceptable)
			83.
			84. City <b>FL</b> 85. Zip Code

11. Pursuant to the provisions of Sections 607.003 and 607.1995, Florida Statutes, the above named corporation submits the statement for the purpose of changing its registered office or principal place of business 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 the laws of the state of Florida Statutes.

500463-100

12. OFFICES AND DIRECTORIES	13. ADDITIONAL OFFICES AND DIRECTORIES
P JACOVITZ, STEVEN J 43 S. ATLANTIC AVENUE COCOA BEACH FL 32931	1. NAME 2. STREET ADDRESS 3. CITY, STATE, ZIP
	4. NAME 5. STREET ADDRESS 6. CITY, STATE, ZIP
	7. NAME 8. STREET ADDRESS 9. CITY, STATE, ZIP
	10. NAME 11. STREET ADDRESS 12. CITY, STATE, ZIP
	13. NAME 14. STREET ADDRESS 15. CITY, STATE, ZIP
	16. NAME 17. STREET ADDRESS 18. CITY, STATE, ZIP
	19. NAME 20. STREET ADDRESS 21. CITY, STATE, ZIP
	22. NAME 23. STREET ADDRESS 24. CITY, STATE, ZIP
	25. NAME 26. STREET ADDRESS 27. CITY, STATE, ZIP
	28. NAME 29. STREET ADDRESS 30. CITY, STATE, ZIP

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 607.1995, Florida Statutes. Further certify that the information contained on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as a typed or handwritten signature or that can be either a stamp or the facsimile of the corporation or the name or signature of my power to execute the report as required by Chapter 607, Florida Statutes, and that my signature appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE OR TYPE OR PRINTED NAME OF SIGNATORY OFFICER OR DIRECTOR

5-2-95 (407)784-1116