FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
Division of Corporations

APPROVED AND FILED

95 MAY 12 AM 10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000004844 (5)

1. Corporate Name:
ATTORNEY'S LEGAL RESEARCH, INC.

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

Mailing Address:
43 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/22/1993
3a. Date of Last Report: 06/28/1994

2. Principal Place of Business — 21
2a Mailing Address — 26
Suite Apt # etc. — 22
Suite Apt # etc. — 27
City & State — 23
City & State — 28
Zip — 24
Country — 25
Zip — 29
Country — 30

4. FEI Number: 59-3166802
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 [X] No

9. Name and Address of Current Registered Agent
JACOVITZ, STEVEN J
43 SOUTH ATLANTIC AVENUE
COCOA BEACH FL 32931

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 Section 607.0505 and 607.1808, 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

12. OFFICERS AND DIRECTORS

TITLE P NAME JACOVITZ, STEVEN J STREET ADDRESS 43 S. ATLANTIC AVENUE CITY, ST, ZIP COCOA BEACH FL 32931	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	
TITLE NAME STREET ADDRESS CITY, ST, ZIP	

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change [ ] Addition
TITLE NAME STREET ADDRESS CITY, ST, ZIP	[ ] Change [ ] Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of changed or added officers with an address.

SIGNATURE: Steven J. Jacovitz
SIGNATURE(S) TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date 5-2-95 Telephone Number (407) 784-2116

004804 CP