

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90150 036 ***150.00

DOCUMENT # P93000021306

1. Corporation Name

PREFERRED PARALEGALS, INC.

Principal Place of Business

1122 LINCOLN ST
HOLLYWOOD FL 33019

Mailing Address

1122 LINCOLN ST
HOLLYWOOD FL 33019

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/22/1993

4. FEI Number

65-0398006

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 owes the current year intangible
Personal Property Tax. ☒ Yes ☐ No

2. Principal Place of Business

21 2055 Linton Lake Dr.

Suite, Apt. #, etc.

22 E

City & State

23 Delray Beach, FL

Zip

24 33445

Country

25 United States

2a. Mailing Address

26 2055 Linton Lake Dr.

Suite, Apt. #, etc.

27 E

City & State

28 Delray Beach, FL

Zip

29 33445

Country

30 U.S.

9. Name and Address of Current Registered Agent

O'LEARY, REGINA M
1122 LINCOLN ST
HOLLYWOOD FL 33019

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

2055 Linton Lake Drive

83 Apt. E

84 City Delray Beach

FL

85 Zip Code

33445

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 O'LEARY, REGINA M
STREET ADDRESS 1122 LINCOLN ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE P ☐ DELETE
NAME O'LEARY, REGINA M
STREET ADDRESS 1122 LINCOLN ST
CITY-ST-ZIP HOLLYWOOD FL

TITLE S ☐ DELETE
NAME O'LEARY, REGINA M
STREET ADDRESS 1122 LINCOLN ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE AS ☐ DELETE
NAME NURGE, JEFF A
STREET ADDRESS 1122 LINCOLN ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE T ☐ DELETE
NAME O'LEARY, REGINA M
STREET ADDRESS 1122 LINCOLN ST.
CITY-ST-ZIP HOLLYWOOD FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 2055 Linton Lake Drive, Apt. E

1.4 CITY-ST-ZIP Delray Beach, FL 33445

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 2055 Linton Lake Drive, Apt. E

2.4 CITY-ST-ZIP Delray Beach, FL 33445

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 2055 Linton Lake Drive, Apt. E

3.4 CITY-ST-ZIP Delray Beach, FL 33445

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS 2055 Linton Lake Drive, Apt. E

4.4 CITY-ST-ZIP Delray Beach, FL 33445

5.1 TITLE ☒ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS 2055 Linton Lake Drive, Apt. E

5.4 CITY-ST-ZIP Delray Beach, FL 33445

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Regina M. O'Leary Regina M. O'Leary 2/25/99 561/278-3299

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0349939