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

DOCUMENT # P93000029546 (7)

1. Corporation Name
AFFORDABLE LEGAL SERVICES OF STUART, INC.

Principal Place of Business
900 E. OCEAN BLVD.
SUITE 232
STUART FL 34994
US

Mailing Address
900 E. OCEAN BLVD.
SUITE 232
STUART FL 34994
US

2. Principal Place of Business
21 REGENCY SQUARE
Suite, Apt. #, etc.
22 2524-1 S.E. FEDERAL HWY.
City & State
23 STUART, FL
Zip 24 34994 Country 25 U.S.A.

2a. Mailing Address
26 REGENCY SQUARE
Suite, Apt. #, etc.
27 2524-1 S.E. FEDERAL HWY.
City & State
28 STUART, FL
Zip 29 34994 Country 30 U.S.A.

3. Date Incorporated or Qualified: 04/20/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: NOT APPLICABLE ☐ 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
REISMAN, DONALD S
900 E OCEAN BLVD
SUITE 232
STUART FL 34994

10. Name and Address of New Registered Agent
81 Name: REISMAN, DONALD S.
82 Street Address (P.O. Box Number is Not Acceptable): REGENCY SQUARE
83 2524-1 S.E. FEDERAL HIGHWAY
84 City: STUART, FL 85 Zip Code: 34994

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: Donald S. Reisman — June 10, 1996
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	DP	☐ DELETE
NAME	REISMAN, DONALD S	
STREET ADDRESS	2501 SW EGRET POND CIR	
CITY-ST-ZIP	PALM CITY FL	
TITLE	VS	☐ DELETE
NAME	REISMAN, DOROTHY LEE	
STREET ADDRESS	2501 SW EGRET POND CIR	
CITY-ST-ZIP	PALM CITY FL	
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		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
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		

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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)(k), 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: Donald S. Reisman — June 10, 1996 (407)220-0690
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone