

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000032548 (8)

1. Corporation Name

LAW SERVICES CENTER CORP.



Principal Place of Business

2750 NORTH 69TH AVENUE
HOLLYWOOD FL 33024

Mailing Address

2750 NORTH 69TH AVENUE
HOLLYWOOD FL 33024

3. Date Incorporated or Qualified

05/04/1993

3a. Date of Last Report

04/28/1995

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

4. F.E.I. Number

65-0412648

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

MCNAMARA, JOHN
2750 N 69 AVENUE
HOLLYWOOD FL 33024

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 of the person who is the registered agent of the corporation (if not applicable)

Signature of the Registered Agent (signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY-ST-ZIP
12.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.5 TITLE 13.6 NAME 13.7 STREET ADDRESS 13.8 CITY-ST-ZIP
12.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.9 TITLE 13.10 NAME 13.11 STREET ADDRESS 13.12 CITY-ST-ZIP
12.4 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.13 TITLE 13.14 NAME 13.15 STREET ADDRESS 13.16 CITY-ST-ZIP
12.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.17 TITLE 13.18 NAME 13.19 STREET ADDRESS 13.20 CITY-ST-ZIP
12.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.21 TITLE 13.22 NAME 13.23 STREET ADDRESS 13.24 CITY-ST-ZIP
12.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.25 TITLE 13.26 NAME 13.27 STREET ADDRESS 13.28 CITY-ST-ZIP
12.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.29 TITLE 13.30 NAME 13.31 STREET ADDRESS 13.32 CITY-ST-ZIP
12.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.33 TITLE 13.34 NAME 13.35 STREET ADDRESS 13.36 CITY-ST-ZIP
12.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP	13.37 TITLE 13.38 NAME 13.39 STREET ADDRESS 13.40 CITY-ST-ZIP

14. I do hereby certify that the information supplied in 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Day/Mo/Yr

CR2E034 (12/95)