

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR -8 PM 3:02

DOCUMENT # P93000033050 (4)

1. Corporation Name

MORE LEGAL TECHNICIANS CORP.

Principal Place of Business

1950 S FEDERAL HWY.
SUITE 201-C
BOYNTON BCH. FL 33435

Mailing Address

1950 S FEDERAL HWY.
SUITE 201-C
BOYNTON BCH. FL 33435

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

05/03/1993

3a. Date of Last Report

02/01/1994

4. FEI Number

65-0405401

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$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

2. Principal Place of Business

21 8538 White Egret Way

2a. Mailing Address

26 Suite, Apt. #, etc.

22 Lake Worth, Florida

27 Suite, Apt. #, etc.

23 33467 Palm Beach

28 City & State

24 Zip Country

29 Zip Country

30

9. Name and Address of Current Registered Agent

*D'AURIA, RITA C
142 SE 12TH AVE
BOYNTON BCH. FL 33435

10. Name and Address of New Registered Agent

81 Name

Rita C. D'Auria

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

8538 White Egret Way

83

Lake Worth

84 City

FL

85 Zip Code
33467

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 if applicable)

NOTE: Registered Agent signature required when reappointing

DATE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	D'AURIA, RITA C
STREET ADDRESS	142 SE 12TH AVE
CITY-ST-ZIP	BOYNTON BCH. FL 33435
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 IN 12

1.1 TITLE	President	☒ Change ☐ Addition
1.2 NAME	Rita C. D'Auria	
1.3 STREET ADDRESS	8538 White Egret Way	
1.4 CITY-ST-ZIP	Lake Worth, FL 33467	☐ Change ☒ Addition
2.1 TITLE	Vice President	
2.2 NAME	Thomas D'Auria	
2.3 STREET ADDRESS	1954 Chrysanthemum Drive	
2.4 CITY-ST-ZIP	Boynton Beach, FL 33437	☐ Change ☐ Addition
3.1 TITLE		
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		

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 110.07(3)(b), 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 and next to, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Rita C. D'Auria, President

3/3/95

(407) 434-4476