

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

**FILED**  
**May 05 1998 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**DOCUMENT # P93000050750 (7)**

1. Corporation Name  
**LMS PARALEGAL SERVICES, INC.**



Principal Place of Business Mailing Address  
**P.O. BOX 180335 CASSELBERRY FL 32718-0335**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address  
 21 **101 Sunnytown Rd** 26  
 Suite, Apt. #, etc. Suite, Apt. #, etc.  
 22 **Suite 200** 27  
 City & State City & State  
 23 **CASSELBERRY, FL** 28  
 Zip Country Zip Country  
 24 **32707** 25 29 30

3. Date Incorporated or Qualified  
**07/20/1993**  
 4. FEI Number Applied For  
**01 50-3195075** 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**SHARP, SHERYL L**  
**25800 FISHERMANS RD.**  
**PAISLEY FL 32767**

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 *Sheryl Sharp* DATE **1/2/98**  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		DELETED
TITLE	<b>P, V, S, D.</b>	<input type="checkbox"/>
NAME	<b>SHARP, SHERYL L</b>	
STREET ADDRESS	<b>25800 FISHERMANS RD.</b>	
CITY-ST-ZIP	<b>PAISLEY FL 32767</b>	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE	<b>P, S, D.</b>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
1.2 NAME	<b>SHARP, SHERYL L</b>		
1.3 STREET ADDRESS	<b>25800 FISHERMANS Rd</b>		
1.4 CITY-ST-ZIP	<b>PAISLEY, FL 32767</b>		
2.1 TITLE	<b>VP, T</b>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	<b>KEITH SHARP</b>		
2.3 STREET ADDRESS	<b>25800 FISHERMANS Rd</b>		
2.4 CITY-ST-ZIP	<b>PAISLEY FL 32767</b>		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY-ST-ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY-ST-ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY-ST-ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
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.

CR2E034 (10/97)