

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 # P93000069516 (1)

1. Corporation Name

PREMIER LEGAL SOFTWARE, INC.



Principal Place of Business

4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE FL 33328

Mailing Address

4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE FL 33328

3. Date Incorporated or Qualified

09/30/1993

3a. Date of Last Report

05/01/1995

2. Principal Place of Business

21 12820 SW 10th CT

2a. Mailing Address

26 12820 SW 10th CT

4. FEI Number

65-0443392

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

22 Suite, Apt. #, etc.  
DAVIE FL

27 Suite, Apt. #, etc.  
DAVIE FL

23 City & State  
33325

28 City & State  
DAVIE FL

24 Zip

25 Country  
BROW

29 Zip

30 Country  
BROWARD

9. Name and Address of Current Registered Agent

BREWER, THELDA  
4801 S. UNIVERSITY DRIVE  
SUITE 219  
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name Brewer, THELDA

82 Street Address (P.O. Box Number is Not Acceptable)  
12820 SW 10th CT.

83 City  
DAVIE

84 City  
DAVIE

FL

85 Zip Code  
33325

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

THELDA BREWER

Signature, typed or printed name of registered agent and fee, if applicable

(NOTE: Registered Agent signature required when reinstating)

Thelda Brewer 5/2/96

DATE

12. OFFICERS AND DIRECTORS

TITLE D  
NAME BREWER, THELDA  
STREET ADDRESS 4801 S. UNIVERSITY DRIVE, SUITE 219  
CITY-ST-ZIP DAVIE FL 33328

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

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D  
1.2 NAME Brewer, THELDA  
1.3 STREET ADDRESS 12820 S.W. 10th CT  
1.4 CITY-ST-ZIP DAVIE, FL 33325

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
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 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:

Thelda Brewer

DATE

5/2/96 954  
370-1052

Daytime Phone #

CR2E034 (12/95)