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

PROFIT CORPORATION ANNUAL REPORT

1997

TITLE NAME

STREET AODRESS

SIGNATURE:

appears in Block 12 or Block 13 if change

CITY: ST-ZIP



FLORIDA DEPARTMENT OF STATE

FILED

May 02 1997 8:00am

Secretary of State

Change

Addition

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P93000069516 (1)

PREMIER LEGAL SOFTWARE, INC.

Mailing Address Principal Place of Business 12820 SW 10TH CT 12820 SW 10TH CT DAVIE FL 33325-5525 **DAVIE FL 33325** US 3. Date Incorporated or Qualified 3a. Date of Last Report 09/30/1993 05/09/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0443392 Not Applicable 21 26 Suite, Apl. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution П 28 Added to Fees 23 This corporation has liability for intangible to Country Zip Country under s. 199.032, M No 24 Yes 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BREWER, THELDA 12820 SW 10TH CT Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33325** 83 84 City 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 typics or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition THLE 1 1 TITLE BREWER, THELDA NAME 1.2 NAME 12820 SW 10TH CT 1.3 STREET ADDRESS STREET ADDRESS DAVIE FL 1.4 CITY-ST-ZIP CITY-SI DELETE Addition 2.1 TITLE Change TOLLE NAMÉ 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CHY-SI-7H DELETE 3.1 TITLE Change Addition THE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIF DELETE Change Addition 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY - \$1 - 7IP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP City - \$1 - ZIP

DELETE

6.1 TITLE

6.2 NAME

14. I do 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

6.3 STREET ADDRESS 6.4 CITY-ST-2IP