Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90186 001 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000011318

1. Corporation Name

LEGAL MANAGEMENT SOLUTIONS INC

	MAIN MEME	VI GOLOTION	, 110.									
Principal Place of Business Mailing Address							—	-		ENN EENN EEN		
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1220 CREEKWOOD WAY S JACKSONVILLE FL 32259-978								·				
US US								DO NOT WRITE IN THIS SPACE				
			•					3. Date Incorporated	or Qualifec			
								02/10/1994				
2. Principal P	lace of Business		2a. Mailing Address				4. FEI Number		 -	ΙΔn	plied For	
21			26					59-3224199			<u> </u>	t Applicable
Suite, Apt.	#. etc.			Suite, Apt. #, etc.				39 0224 199			\$8.75	
22	.,			27				5. Certificate of Statu	s Desired		Fee Re	
City & Stat	te			City & State				6 Flortion Compoint	. Financina			<u> </u>
23			— ´	28				6. Election Campaign Trust Fund Contril	_		\$5.00 Added 1	,
Zip		Country	Zip		Coun	ntrv		8. This corporation of				o rees
24	25	••••	29	[30	,		1		rem year m	Yes	□No
24	9. Name and Address of Curren						Personal Property Tax. Li Yes 10. Name and Address of New Registered Agent					
	o. Mante drie	Addiess of other	it registered	- Agent		81 1	Vame	to. Italiie aliu Audie	33 OI 11CW	ize Alarei é d	Agent	
TON	YA, STEPHEN	J.			[٠. ا	141110					
	CREEKWOOD					82 5	Street Addre	ss (P.O. Box Number is	Not Accept	able)		
JACKSONVILLE FL 32259-2978					[83						
(4		t-	84 (City				85 Zip (Code
						- 1	•			FL	-	
agent. I a	to the provisions egistered agent, m familiar with, a	of Sections 607.050 or both, in the State and accept the obligation	of Florida. Su tions of, Sect	i08, Florida Statute ich change was au ion 607.0505, Flor	es, the ab- uthorized i ida Statut	ove-na by the tes.	amed corpor corporation	ration submits this state 's board of directors. I t	ment for the nereby acce	purpose of pt the appo	f changing its intment as re	registered gistered
SIGNATURE	Signature, typed or pri	nted name of registered age	nt and title if applic	able. (NOTE:	Registered A	oent sig	gnature required v	when reinstating)		DATE		
12.		OFFICERS AN						•/				
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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, with all other like empowered.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

Iprie 20, 1999

☐ Change

☐ Addition