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 # P94000015920

1. Corporation Name

FLORIDA LAWYERS NETWORK, INC.

Principal Place of Business Mailing Address							
1819 HENDRICKS AVE. 1819 HENDRICKS AVE.					ļ		
JACKSONVILLE FL 32207 JACKSONVILLE FL 32207					DO NOT WRITE IN T	HIS SPACE	
					3. Date Incorporated or Qualifed		
					02/28/1994		}
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Ap	plied For
21 26				59-3232596	No.	t Applicable	
Suite, Apt. #, etc. Suite, Apt. #, etc.				5. Certificate of Status Desired	\$8.75		
22 27					3. Octahoda of Octato Doctor	Fee Re	quired
City & Sta	te	City & State			6. Election Campaign Financing		May Be-
23		28			Trust Fund Contribution	Added	o Fees
Zip	Country	<u> </u>	Country	•	8. This corporation owes the current yea	Intangible Yes	□No
24	25 29 30				Personal Property Tax.		CJINO :
	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Register	eu Agent	
GUII	DI, DENNIS E		0'	Name			
1819 HENDRICKS AVE.			82	Street Add	dress (P.O. Box Number is Not Acceptable)		
JACKSONVILLE FL 32207			83				
ا	TOOTTILLE ! L SELO!		03	}			
			84	City		85 Zip	Code
agent. I a	am familiar with, and accept the obliga	tions of, Section 607.0505, Florida S	statutes	š. 	tion's board of directors. I hereby accept the appropriate the appropriate the property of the		
12.					ADDITIONS/CHANGES TO OFFICERS		
TITLE	DP	□ DELETE □ TELETE □ TELETE	1 TITLE		OP	🔼 Change	☐ Addition
NAME	GUIDI, DENNIS E		2 NAME	I	Harris, Robert M.		
STREET ADORESS	1819 HENDRICKS AVE.	1	.3 STREE	I ADDRESS	1819 Hendricks Avenue		
CITY-ST-ZIP	O) 10110 O1111		4 CITY-S	11-426	Jacksonville, FL 322		
TITLE	D	☐ DELETE	.1 TITLE			Change	Addition
NAME	HARRIS, ROBERT M.	2.2 N		I	Guidi, Dennis E.		
STREET ADDRESS	s 1819 HENDRICKS AVE.			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1819 Hendricks Avenue		
CITY-ST-ZIP	JACKSONVILLE FL			ST-ZIP J	Jacksonville, FL 322		C Addition
TITLE	D	☐ DELETE 3.1 T				Change	☐ Addition
NAME	ROSNER, ALAN E.						
STREET ADDRESS	1010 /12.101.101.101.10		.3 STREE	T ADDRESS			
CITY-ST-ZIP			.4. CITY-	ST-ZIP		☐ Change	
TITLE		- -	1 TITLE				Addition
NAME							Addition
STREET ADDRESS			. 2 NAME				Addition
	s	1	.3 STREE	T ADDRESS			Addition
CITY-ST-ZIP	s		3 STREE	T ADDRESS		[] Channe	
CITY-ST-ZIP TITLE NAME	s	☐ DELETE	.3 STREE	T ADDRESS		☐ Change	☐ Addition

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 of the receiver or trules 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 and other like expowered.

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

Change

☐ Addition

FILED Feb 24, 1999 8:00 am

Secretary of State

02-24-1999 90059 021 ***150.00

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