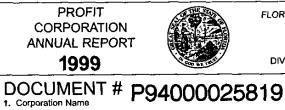
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90094 049 ***150.00

LEGAL-TO	O-LEGAL, INC.				
	,			A DERENGEN DER FOREN BEREIT BONEN BREIT	. DOLLA BOLLO 11801 DELPO (DEDE 11818 EN 1818 1881
•					<u> </u>
Principal Place	e of Business	Mailing Address		FINENDAL HE JOIN PLAN BOILD BOILD	· BETH BEHE HORI EITON (DISK HOLD (St.) 1661
112 WEST ADA	MS ST.	112 WEST ADAMS ST:			
SUITE 825		SUITE 825		DO NOT WOIT	E IN THIS SPACE
JACKSONVILLE	FL 32202	JACKSONVILLE FL 32202		3. Date Incorporated or Qualifed	E IN THIS SPACE
				04/01/1994	
O Oringinal Di	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
	BAYMER dows CIR		يد من مندا	"	Not Applicable
Suite, Apt.		Suite, Apt. #, etc.	IOWS LIN, LL		\$8.75 Additional
22 # 11	<u> </u>	27 #1/66		5. Certifcate of Status Desired	Fee Required
City & State	e	City & State		6. Election Campaign Financing	\$5.00 May Be
23 JAC	KSONVILLE FL	28 JACKSONUL	LE FI	Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the curre	int year Intangible
24 322	5-6 [25] N.SA-	29 32256 31	o USA	Personal Property Tax.	☐ Yes ☐ No
	9. Name and Address of Current			10. Name and Address of New R	egistered Agent
			81) Name		
	TER, MONICA L		82 Street Add	dress (P.O. Box Number is Not Acceptal	ole)
112 WEST ADAMS ST.			7701	BAYMEADOWS C	r. W #1166
SUITE 824			83	/	ļ
JACK	(SONVILLE FL 32256		84 City_		85 Zip Code
			J4 c	KSONVILLE	FL 32256
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					
11. Pursuant to the provisions of sections of 507.0502 and 607.1500, Filorida Statiles, the above-named 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12 ☐ Change ☐ Addition
TITLE	P	☐ DÉLETE	1.1 TITLE		Z Criange Z Addition
NAME	MONICA L. CARTER	. •	1.2 NAME		
STREET ADDRESS	112 WEST ADAMS ST. SUITE 82	24	1.3 STREET ADDRESS	701 BAYMEA dow. TACKSONVILLE F	5 CIR W. # 1166
CITY-ST-ZIP	JACKSONVILLE FL		1.4 CITY-ST-ZIP	ACITSONVICLE F	L 32256 ☐ Change ☐ Addition
TITLE		☐ DELETÉ			Change C Adduon
NAME			2.2 NAME		Ì
STREET ADDRESS			2.3 STREET ADDRESS		į
CITY-ST-ZIP		T OF PTE	2.4 CITY-ST-ZIP		Change Addition
TITLE		☐ DELETE	3.1 TITLE		Clarife Dyognoti
NAME	•		3.2 NAME		\
STREET ADDRESS			3.3 STREET ADDRESS		ł
CITY-ST-ZIP		☐ DELETE	3.4. CITY-ST-ZIP		Change Addition
TITLE		☐ NETE1E	4.1 TITLE		Grisings E) results.
NAME			4. 2 NAME		i
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELEIE	5.1 TITLE 5.2 NAME		
NAME					j
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		Christs	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
TITLE		☐ DELETE	i		□ comiĝe (∃ vadilion)
NAME			6.2 NAME		Į
STREET ADDRESS			6.3 STREET ADDRESS		į '

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 on an attachment with an address, with all other like empowered.

SIGNATURE: