

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

FILED

Apr 28 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000030330 (2)**

1. Corporation Name  
**MAUREEN MARTENS CERTIFIED LEGAL ASSISTANT SERVICES, INC.**

Principal Place of Business <b>2230 REEF AVE INDIALANTIC FL 32903</b>	Mailing Address <b>2230 REEF AVE INDIALANTIC FL 32903-2520</b>
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2. Principal Place of Business 21 <b>4130 WINDOVER WAY</b> Suite, Apt. #, etc. 22 City & State 23 <b>MELBOURNE, FL</b> Zip 24 <b>32934</b>		2a. Mailing Address 26 <b>4130 WINDOVER WAY</b> Suite, Apt. #, etc. 27 City & State 28 <b>MELBOURNE FL</b> Zip 29 <b>32934</b>		3. Date Incorporated or Qualified <b>04/21/1994</b>		3a. Date of Last Report <b>04/16/1996</b>	
25 <b>BREVARD</b>		30 <b>BREVARD</b>		4. FEI Number <b>59-3240985</b>		Applied For Not Applicable	
9. Name and Address of Current Registered Agent <b>MARTENS, MAUREEN S 2230 REEF AVE INDIALANTIC FL 32903</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) <b>4130 WINDOVER WAY</b> 83 84 City <b>MELBOURNE</b> 85 Zip Code <b>32934</b>		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
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.		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		7. Signature of Officer or Director <b>Maureen Martens</b> Signature, typed or printed name of registered agent and fee if applicable (NOTE: Registered Agent signature required when reinstating)		DATE <b>4/24/97</b>	

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DPST MARTENS, MAUREENS 2230 REEF AVE INDIALANTIC FL</b>	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>4130 WINDOVER WAY MELBOURNE FL 32934</b>
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **MAUREEN MARTENS** *Maureen Martens* **4/24/97 (407) 291-0785**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #  
0100193

CR2E034 (9/96)