SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 0, 1995.
AMOUNT DUE ON OR BEFORE 6/0/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN 16 AM 8:12

DOCUMENT # **P94000042911 (5)**

1. Corporation Name
LEGAL EXPRESS PROFESSIONAL COPY SERVICE, INC.

Principal Place of Business	Mailing Address
~~1975 EAST SUNRISE BLVD.~~ ~~SUITE 752~~ ~~FT. LAUDERDALE FL 33304~~	~~1975 EAST SUNRISE BLVD.~~ ~~SUITE 752~~ ~~FT. LAUDERDALE FL 33304~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1994
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 One Financial Plaza	26 One Financial Plaza
Suite, Apt. #, etc 22 2110	Suite, Apt. #, etc 27 2110
City & State 23 Ft. Laud, Fl.	City & State 28 Ft. Laud, Fl.
Zip 24 33394 Country 25 USA	Zip 29 33394 Country 30 USA

4. FEI Number: 65-0497672 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Finance (F.S. 106.141) Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has assets for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FALLON, BRAD 1975 EAST SUNRISE BLVD. SUITE 752 FT. LAUDERDALE FL 33304	81 Name: FALLON, BRAD 82 Street Address (P.O. Box Number is Not Acceptable): One Financial Plaza [redacted] 83 #2110 84 City: Ft. Laud Fl. FL 85 Zip Code: 33394

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] 6-12-95
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO BE MADE	
TITLE	D	11 TITLE	☐ Change ☐ Addition
NAME	FALLON, BRAD	12 NAME	
STREET ADDRESS	1975 EAST SUNRISE BLVD. #752	13 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33304	14 CITY ST ZIP	
TITLE	D	21 TITLE	☐ Change ☐ Addition
NAME	DANZIGER, JANICE	22 NAME	
STREET ADDRESS	1975 EAST SUNRISE BLVD. #752	23 STREET ADDRESS	
CITY ST ZIP	FT. LAUDERDALE FL 33304	24 CITY ST ZIP	
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: [signature] 6/12/95 (305) 467-1933
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

0000420 CP