

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 APR 25 AM 10:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000078825 (4)

1. Corporation Name

LEGAL SUPPORT SERVICES, INC.

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/21/1994

3a. Date of Last Report

Principal Place of Business

1801 BELVEDERE ROAD
SUITE 402S
WEST PALM BEACH FL 33406

Mailing Address

P.O. BOX 75
WEST PALM BEACH FL 33402

2. Principal Place of Business

21 601 N. Dixie Hwy.
Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 No Suite #

City & State

23 West Palm Beach, Fl.

27 City & State

28

24 Zip 33401

Country

29 Zip

Country

30

4. FEI Number

65-0546718

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

7. This corporation has liability for interstate tax under S. 190.032,
Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

NICHOLS, L. WESLEY
11380 PROSPERITY FARMS ROAD
SUITE 204
PALM BEACH GARDENS FL 33410

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D
NAME SMITH, EDWARD M
STREET ADDRESS 1601 BELVEDERE RD. SUITE 402S
CITY-ST-ZIP WEST PALM BEACH FL 33406

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☒ Change ☐ Addition

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

601 N. Dixie Hwy.
West Palm Beach, Fl. 33401

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

☐ Change ☐ Addition

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

☐ Change ☐ Addition

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

☐ Change ☐ Addition

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

☐ Change ☐ Addition

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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 110.07(3)(k), 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

EDWARD M. SMITH

4/20/95

Date

(407) 833-7900

Daytime Phone #