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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000078825 (4)

LEGAL SUPPORT SERVICES, INC. Mailing Address Principal Place of Business **601 N. DIXIE HIGHWAY** P.O. BOX 75 WEST PALM BEACH FL 33402 DO NOT WRITE IN THIS SPACE WEST PALM BEACH FL 33401 3. Date Incorporated or Qualified 10/21/1994 2. Principal Place of Business 2a. Mailing Address 4, FEI Number Applied For 515 N. Flagler Dr 65-0546718 Not Applicable 26 Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired # 325 Fee Required City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 س. ٦٠ ال Trust Fund Contribution Added to Fees 28 Country 8. This corporation owes or has paid the current year Intangible 33401 U.S.A. 29 Personal Property Tax due June 30. Yes □ № 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NICHOLS, L. WESLEY Street Address (P.O. Box Number is Not Acceptable)

515 N. Flagter Dr. # 1900 ESQ. c/o- Boxe; Casey, N. 4 11380 PROSPERITY FARMS ROAD SUITE 204 **B**3 PALM BEACH GARDENS FL 33410 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** 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.17(1) Change Addition SMITH, EDWARD M NAME 1.2 NAME 515 N. FLAGLER DRIVE., STE 325 STREET ADDRESS 1.3 STREET ADDRESS **WEST PALM BEACH FL** CITY-ST-7IP 14 City-St-Zip DELETE Addition Change 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - \$1 - 2IP CITY-ST-ZIP DELETE 3.1 TITLE Change ☐ Addition TITL F NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY - ST - ZIP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS 4 4 CITY-ST-ZIP CITY-ST-ZIP DELFTE Addition Change TITLE 51 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP Change Addition DELETE TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS

14. Thereby 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 suppliemental 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 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 accurate this report as required by Chapter 607, Florida Statutes; and that my name appears in

SIGNATURE:

STREET ADDRESS CITY-S1-ZIP

2-26-98

561-833-7900

FILED

Mar 09 1998 8:00am

Secretary of State