FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED
95 APR 28 AM 11:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000081744 (2)**

1. Corporation Name
LEGAL EXPENSE REDUCTION SPECIALISTS, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
343 ALMERIA AVENUE CORAL GABLES FL 33134	321 W. HATCHER ROAD SUITE 208 PHOENIX AZ 85021

3. Date Incorporated or Qualified: 11/08/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21: 11820 NW 35th Street
2a. Mailing Address — 26:
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc. — 27:
City & State — 23: SUNRISE FL
City & State — 28:
Zip — 24: 33323
Country — 25: USA
Zip — 29:
Country — 30:

4. FEI Number: [X] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] $5.00 May Be Added to Fees
9. *This corporation has liability for intangible tax under S. 199.032,* Florida Statutes [ ] Yes [X] No

9. Name and Address of Current Registered Agent

AMERILAWYER
343 ALMERIA AVENUE
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name: PAUL NOVEMBER
82 Street Address (P.O. Box Number is Not Acceptable): 11820 NW 35th Street
83:
84 City: SUNRISE FL 85 Zip Code: 33323

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: X Paul November — 4/21/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	1.1 TITLE	C.P	[X] Change [ ] Addition
NAME	LIEBOWITZ, ALAN	1.2 NAME		
STREET ADDRESS	343 ALMERIA AVENUE	1.3 STREET ADDRESS	102 EAST MURIEL DRIVE	
CITY-ST-ZIP	CORAL GABLES FL 33134	1.4 CITY-ST-ZIP	PHOENIX, AZ 85022	
TITLE		2.1 TITLE		[ ] Change [ ] Addition
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY-ST-ZIP		2.4 CITY-ST-ZIP		
TITLE		3.1 TITLE		[ ] Change [ ] Addition
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP		3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		[ ] Change [ ] Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		[ ] Change [ ] Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		[ ] Change [ ] Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

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: ALAN L. LIEBOWITZ — 3/26/95 — 602/861-7058
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED TO SIGN THIS REPORT — Date — Daytime Phone Number

ALAN L. LIEBOWITZ

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