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

CORPORATION ANNUAL REPORT



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

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DOCUMENT #	P950000541	44	(7))	

Corporation Name

THE LEGAL DOG, INC.					
Principal Place of Business	Mailing Address				
224 DOVAL DALLI WAY STE 221	224 DOVAL BALLA WAY OTO AN				



PALM BI	EACH FL 33480		PALM BEACH FL 33480										
							1	 Date Incorporated 07/10/1995 	or Qualifed	3a. Date	e of Last R	leport	_
2. Princip	al Place of Busine	ess	2a. Mailing Address				1	FEI Number	 		- K	Applied For	7
21			26									Not Applicable	3
Suite, <i>i</i>	Le, Apt. #, etc. Suite, Apt. #, etc. 27						[:	5. Certificate of Stat	us Desired	×	•	Additional Required	
City & 23	State		City & State	State			(Election Campaig Trust Fund Contri			,	O May Be d to Fees	
Ζφ		Country	Zip	Cc	untry		1	3. This corporation I	as liability for	intangible ta	···		┨
24		25	29	30			<u> </u>	Florida Statutes	Yes	₽ 746			
	9. Name	and Address of Currer	it Registered Agent		-		1(0. Name and Addr	ess of New F	Registered	Agent		_
					81	Name							ł
	LL, LISA \$				82	Street A	Address (P.O. Box Number is	Not Acceptat	ole)			┪
	ROYAL PALM M BEACH FL 3				83								\dashv
r ALI	MI DEACH I'E 3	13400			84	City					05 7	p Code	4
										FL	.		
or rec	nistered agent, or l	both, in the State of Florid	and 607.1508, Florida Statute da. Such change was authorize ion 607.0505, Florida Statutes.	s, the ab d by the	corp	named corr oration's b	rporation board of	submits this statem directors. I hereby a	ent for the pui ccept the app	rpose of cha ointment as	anging its r registered	egistered offic Lagent. Lam	e
SIGNATU	RE Signature, typed	or printed name of registered agent	and little if applicable (NOT	E: Registere	ed Age	it signature req	ayu red when	reinstating)		DATE			.
12.		OFFICERS AN		13.				ADDITIONS/CHAP	IGES TO OFF	ICERS AND	DIRECTO	RS IN 12	닉힐
TITLE	PD		☐ DELETE	1.1	1. 1 TITLE					1	Change	Addition	CR2F034 (12/95)
NAME	SMALL,	LISA S		1.2	NAME								2
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NAME		SMALL, JOSEPH		22	2.2 NAME								
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						AODRESS							
14. I do h		the information supplied a	with this filing is voluntarily furnis		HY-S		lify for the	evenuotion stated in	Section 110	07/2VIA EIO	rida Ptatut	on I further	\dashv

receitly 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 preceiver 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 appear with an address.

SIGNATURE: |