FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000073050 (3)**

1. Corporation Name

LITIGATION COMPLETION GROUP, INC.

Principal Place of Business

C/O KTG&S REGISTERED AGENT CORPORATION
100 SOUTH EAST 2ND STREET. 28TH FLOOR
MIAMI FL 33131

Mailing Address

C/O KTG&S REGISTERED AGENT CORPORATION
100 SOUTH EAST 2ND STREET. 28TH FLOOR
MIAMI FL 33131

3. Date Incorporated or Qualified: **09/18/1995**

3a. Date of Last Report: ✓

4. FEI Number: applied for — ✓ Applied For / Not Applicable

2. Principal Place of Business (21)

2a. Mailing Address (26)

Suite, Apt. #, etc. (22)

Suite, Apt. #, etc. (27)

City & State (23)

City & State (28)

Zip (24) Country (25)

Zip (29) Country (30)

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

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

9. Name and Address of Current Registered Agent

KTG&S REGISTERED AGENT CORPORATION
100 SOUTH EAST 2ND STREET
28TH FLOOR
MIAMI FL 33131

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, Resignation Agent, Registered Agent's Signature) DATE

12. OFFICERS AND DIRECTORS

TITLE	D/P	☐ DELETE
NAME	Barbara Langham	
STREET ADDRESS	8603 S. Dixie Hwy. #310	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	D/S	☐ DELETE
NAME	D. Michael Campbell	
STREET ADDRESS	8603 S. Dixie Hwy. #310	
CITY-ST-ZIP	Miami, FL 33143	
TITLE	D/T	☐ DELETE
NAME	Wayne Condd	
STREET ADDRESS	8603 S. Dixie Hwy. #310	
CITY-ST-ZIP	Miami, FL 33143	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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***200.00

05-01-96 OR

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)(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 applicable) or on an attachment with the address.

SIGNATURE: Sec/Dir 4/19/96 305/6666-3820

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Michael Campbell

CR2E034 (12/95)