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

PROFIT CORPORATION ANNUAL REPORT



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

1996

**DOCUMENT #** 

P95000078505 (1)

ACTION PARALEGAL, INC.

Principal Place	of Business	Mailing Address							
6481 S.W. 13 STREET 6481 S.W. 13 STREET PLANTATION FL 33317 PLANTATION FL 33317									
L						Date Incorporated or Qualified     10/06/1995	3a. Date	1/A	•
2. Principal Pla	ace of Business	2a. Mailing Address 26				4. FEI Number 65-06126	70	<b>)</b>	Applied For Not Applicable
Suite, Apt	 #, etc.	Suite, Apt. #, etc.							Additional
22		27				5. Certificate of Status Desired		Fee	Required
Orty & State		City & State				Election Campaign Financing     Trust Fund Contribution		7	May Be
<b>23</b> Zip	Country	<b>28</b>     Z <sub>I</sub> p	Country	,		Trust Fund Contribution     This corporation has liability for			d to Fees
24	25	29	30				s No	( Brido, 3	100.002,
	9. Name and Address of Curre	ent Registered Agent				10. Name and Address of New	Registered #	gent	
	- L A		81	1	Name				
	., RAQUEL		82 Street Ad			ress (P.O. Box Number is Not Acceptable)			
	W. 13 STREET TION FL 33317		83	╁					
1 6/1/1/1	11011 1 2 00011		84	ļ.,				ne   7;	n Codo
			64	Ι`	Dity		FL	85 Zig	p Code
SIGNATURE _	Styria in types or proper came of registered age	ALAU HAGO IT and title of acceptable (NOT NO DIRECTORS	(JE / M), E Registered Agent	A/	VSEL grature required v	PRESIDENT  PRESIDENT  ADDITIONS/CHANGES TO OF	OA-O DATE		
FITE	D	DELETE	1. 1 TIFLE			ADDITIONS/OFFANGES TO OF		Change	Addition
NAME	MANDEL, RAQUEL		1.2 NAME						
STREET ADORESS	6481 S.W. 13 STREET		1.3 STREET ADDRESS		DRESS				
Coffy St. Ze.	PLANTATION FL 33317	□ DELETE		1.4 CITY-ST-ZIP 2 1 TITLE				1 Change	Addition
TITLE NAME	Band -			2 2 NAME			L	J Change	Addition
SUREE LADIDRESS			2 3 STREET ADDRESS		DRESS				
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101.6		☐ DELETE	3 1 TITLE					Change	Addition
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S REFT KNOMESS			34 CITY - S						
TIFLE	DELETE		4 1 TITLE					Change	☐ Addition
NAMC				4.2 NAME					
STREET ADORESS			4.3 STREET						
CHY-SE-ZIF THUE		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		or			Change	Addition
NAM-			5 2 NAME						
STRE: LADDRESS			5 3 STREET	I AD	ORESS				
CHY SHIZE				5.4 CITY - ST - ZIP 6.1 TITLE				) Change	Addition
NAME		Dotter	6.2 NAME				L	_ orange	
STREET ADDRESS			63 STREET	T AD	DRESS				
CITY ST ZIP	<u> </u>	·	6 4 CHY-5						
	y certify that the information supplied the information indicated on this are I am an officer or director of the core Bankley (13 II chia) wed, c	puel report or cueplemental appr	ial recent in tri	100	and accurate	s and that my cianatura chall have th	n camo kazal	affact se i	if made under

SIGNATURE DIVER ON THE OF BIOLOGY OF PICER OF DIRECTOR

02/01/96 (954) 327-9131