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

CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P95000090024 (7)

THE CENTER FOR PROFESSIONAL LEGAL SERVICES OF GR EATER ORLANDO, P.A.

Principal Place of Business	Mailing Address
5405 DIPLOMAT CIRCLE SUITE 201	P.O. BOX 834426
ORLANDO FL 32801	WINTER PARK FL 32783

## **FILED** Mar 19 1997 8:00am Secretary of State



5405 DIPLOMA ORLANDO FL	T CIRCLE SUITE 201 32801	P.O. BOX 934426 WINTER PARK FL 32783							
						3. Date Incorporated or Qualified 3a. Date of Last Report N/A			
2. Principal P	Principal Place of Business 2a. Mailing Address				4. FEI Number	·	Арр	lied For	
21 Same 26 5405 Dip			omat Circle			59-334-7035			Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8	3.75 A	dditional	
22		27 Suite 201				Certificate or status Desired		Fee Req	uired
City & State	e	City & State	City & State			6. Election Campaign Financing	\$	5.00 A	Лау Ве
23		28 Orlando, Flori				Trust Fund Contribution Added to Fees			
Zip	Country	Zip	Zip Co			8. This corporation has liability for in			199.032,
24	25	29 32810 30 U.S.A.			.A.	Florida Statutes Yes 🔀 No			
	9. Name and Address of Curren	t Hegistered Agent		-	Nama	10. Name and Address of New Reg	istered Agen	t	
	SAD, TEE			81	Name N	/A			
5405 DIPLOMAT CIRCLE SUITE 201			82						
URL	ANDO FL 32801			83			•		<del></del>
				63					j
				84	City		FL 85	Zip C	ode
11. Pursuant l office or re agent. I a	to the provisions of Sections 607,050 egistered agent, or both, in the State m familiar with, and accept the obliga	2 and 607.1508, Florida Statu of Florida. Such change was ations of, Section 607.0505, F	ites, the authoriz lorida St	above ed by alutes	named corp the corporat	poration submits this statement for the pition's board of directors. I hereby accep	rpose of char the appointm	iging its ent as re	registered egistered
SIGNATURE									
12.	Signature, typicd or printed name of registered age OFFICERS ANI		TE: Register		i: signature requir	red when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIRE	CTORS	INI 12
TITLE	D	DELETE		TITLE		. ADDITIONS OF PARAGEO TO OF TO		hange	Addition
NAME	PERSAD, TEE			NAME			~		
STREET ADDRESS	2 AUTUMN BREEZEWAY				ADDRESS				İ
CITY-ST-ZIP	WINTER PARK FL 32792			1.3 STREET ADDRESS 1.4 CITY - ST - ZIP		None			
TITLE		DELETE		211IILE				hange	Addition
NAME		<del></del>		NAME				-	ĺ
STREET ADDRESS			23	STREET	ADDRESS				
CITY-ST-ZIP				4 CITY-ST-ZIP					
TITLE		☐ DELETE		1ITLE				hange	Addition
NAME			3.2	NAME					
STREET ADDRESS			3.3	S1REET	ADDRESS				ļ
CITY-ST-ZIP				CITY-S	1				
TITLE		☐ DELETE	41	4 1 111LF				hange	Addition
NAME			4.2	IMAM					
STREET ADDRESS			4.3	STREET	ADDRESS				
CITY-ST-ZIP			4.4	C11Y-S1	- 7IP				.
TITLE		☐ DELETE	5.1	5.1 TITLE		The state of the s		hange	Addition
NAME			5.2	NAME					
STREET ADDRESS			5.3	STREET:	ADDRESS				
CITY-ST-ZIP			5.4	CiTY-SI	- ZiP				
TITLE		DELFTE	6.1	THLE				hange	Addition
NAME			6.2	NAME					
STREET ADDRESS			6.3	STREEL	ADDRESS				
CITY-ST-7IP			6.4	riiv ci	710				

14. I do hereby certify that the information supplied with this filling 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 of the corporation or the corpor