

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90081 007 ***150.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000012096

1. Corporation Name
PARALEGAL ASSISTANCE SERVICES, INC.

Principal Place of Business
 1291-A S. POWERLINE ROAD
 SUITE 260
 POMPANO BEACH FL 33069

Mailing Address
 2117 HOLLYWOOD BLVD
 112
 HOLLYWOOD FL 33020
 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
02/07/1996

4. FEI Number
65-0702638 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

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

2. Principal Place of Business
2112 Tyler Street

2a. Mailing Address
 Suite, Apt. #, etc.

22. City & State
Hollywood, FL

23. City & State
Hollywood, FL

24. Zip
33020

25. Country
Broward

26. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

28. City & State

29. Zip
33020

30. Country

9. Name and Address of Current Registered Agent
JOSEPH, LAWANDA
 1291-A S. POWERLINE ROAD
 SUITE 260
 POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81. Name
Same

82. Street Address (P.O. Box Number is Not Acceptable)
2117 Hollywood Blvd.

83. Suite
Suite 112

84. City
Hollywood, FL

85. Zip Code
33020

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, 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	DPS <input type="checkbox"/> DELETE	1.1 TITLE	DPS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOSPEH, LAWANDA	1.2 NAME	Joseph, Lawanda
STREET ADDRESS	1291-A S. POWERLINE ROAD, SUITE 260	1.3 STREET ADDRESS	2117 Hollywood Blvd., #112
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	DVPT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		2.2 NAME	Joseph, Marcella
STREET ADDRESS		2.3 STREET ADDRESS	2117 Hollywood Blvd., Suite 112
CITY-ST-ZIP		2.4 CITY-ST-ZIP	Hollywood, FL 33020
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Lawanda Joseph
LAWANDA JOSEPH

4-30-99

Date

Daytime Phone #

(954) 925-8185

CR2E034 (11/98)