


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

FILED  
May 01 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P96000015751 (6)</b> 1. Corporation Name <b>CONFIDENTIALLY YOURS PARALEGAL, INC.</b>		



Principal Place of Business <b>3408 MENENDEZ AVE. FT. PIERCE FL 34950</b>	Mailing Address <b>3408 MENENDEZ AVE. FT. PIERCE FL 34950</b>
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2. Principal Place of Business 21 <b>500 South US Hwy. #1</b> Suite, Apt. #, etc. 22 <b>Suite #106</b> City & State 23 <b>Ft. Pierce, FL</b> Zip 24 <b>34950</b>		2a. Mailing Address 26 <b>P.O. Box 1746</b> Suite, Apt. #, etc. 27 City & State 28 <b>Ft. Pierce, FL</b> Zip 29 <b>34954</b>		3. Date Incorporated or Qualified <b>02/19/1996</b>		3a. Date of Last Report	
25 <b>USA</b>		30 <b>USA</b>		4. FEI Number <b>65-0664337</b>		Applied For Not Applicable	
				5. Certificate of Status Desired <input checked="" type="checkbox"/> <b>\$8.75 Additional Fee Required</b>			
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>			
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			

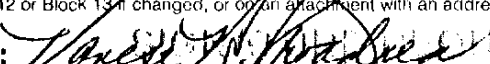
9. Name and Address of Current Registered Agent <b>BROADNEA, VANESE R 3408 MENENDEZ AVE. FT. PIERCE FL 34950</b>				10. Name and Address of New Registered Agent			
81 Name				82 Street Address (P.O. Box Number is Not Acceptable)			
83				84 City			
				85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reappointing) \_\_\_\_\_ (DATE) \_\_\_\_\_

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PTD	<input type="checkbox"/> DELETE		1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>BROADNEA, VANESE R</b>			1.2 NAME			
STREET ADDRESS	<b>P.O. BOX 1746 (N/A)</b>			1.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT. PIERCE FL 34954</b>			1.4 CITY-ST-ZIP			
TITLE	VPSD	<input type="checkbox"/> DELETE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	<b>SULLIVAN, BERTHA L</b>			2.2 NAME			
STREET ADDRESS	<b>P.O. BOX 1746 (N/A)</b>			2.3 STREET ADDRESS			
CITY-ST-ZIP	<b>FT. PIERCE FL 34954</b>			2.4 CITY-ST-ZIP			
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 do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), 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 proprietor 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.

SIGNATURE:  **Vanese R. Broadnea** 4/24/97 (561)

595-5599

CR2E034 (9/96)