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FILED  
May 01 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000015751 (6)

1. Corporation Name

CONFIDENTIALLY YOURS PARALEGAL, INC.



Principal Place of Business

Mailing Address

600 SOUTH US HWY 1  
106  
FT. PIERCE FL 34950  
US

P.O. BOX 1746  
FT. PIERCE FL 34950  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/19/1996

4. FEI Number

65-0664337

Applied For

Not Applicable

5. Certificate of Status Desired

XX

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21 622 Filmore Street

Suite, Apt. #, etc.

22 126-A

City & State

23 Orange Park, FL

Zip

24 32065

Country

25 USA

2a. Mailing Address

26 P.O. Box 782

Suite, Apt. #, etc.

27

City & State

28 Orange Park, FL

Zip

29 32067-0782

Country

30 USA

9. Name and Address of Current Registered Agent

BROADNEA, VANESE R  
3408 MENENDEZ AVE.  
FT. PIERCE FL 34950

10. Name and Address of New Registered Agent

81 Name

Vanese R. Broadnea

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

622 Filmore St., 126-A

83

84 City

Orange Park

FL

85 Zip Code

32065

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

TITLE PTD ☐ DELETE

NAME BROADNEA, VANESE R

STREET ADDRESS P.O. BOX 1746 (N/A)

CITY-ST-ZIP FT. PIERCE FL 34954

TITLE VPSD ☒ DELETE

NAME SULLIVAN, BERTHA L

STREET ADDRESS P.O. BOX 1746 (N/A)

CITY-ST-ZIP FT. PIERCE FL 34954

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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 PTSD ☒ Change ☐ Addition

1.2 NAME BROADNEA, VANESE R

1.3 STREET ADDRESS P.O. BOX 782 (N/A)

1.4 CITY-ST-ZIP Orange Park, FL 32067-0782

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

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.

SIGNATURE *Vanese R. Broadnea*

Vanese R. Broadnea, (904) 276-6168

CR2E034 (10/97)