## SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)



## **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Convotant of Cloto

FILED Aug 14 1997 8:00am Secretary of State

1997	DIVISION OF CORP				Secretary of State			
DOCUMENT # PS 1. Corporation Name A LEGAL REFERRAL SER	96000019437 ( IVICE, INC.	8)						
Principal Place of Business	Mailing Address	·						
2256 HEITMAN STREET FT MYERS FL 33901  ET MYERS FL 33901  ET MYERS FL 33901					DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified 3a. Date of Last Report			
2. Principal Place of Business 2a. Mailing Address 21					02/29/1996 4. FEI Number 65-0653663		Applied For Not Applicable	
Suite, Apt. #, etc.	Suite, Apt. #, etc.				5. Certificate of Status Desired		\$8.75 Additional Fee Required	
City & State	City & State	28			6. Election Campaign Financing Trust Fund Contribution		\$5.00 May Be Added to Fees	
Zíp Countr 24 25	29	30 Co	Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No			
9. Name and Addre	ss of Current Registered Agent	·	81	Name	10. Name and Address of New Re	gistered	Agent	
2258 HEITMAN STREET FT MYERS FL 33901				Street Add	treet Address (P.O. Box Number is Not Acceptable)			
1			83					

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.

84 City

**SIGNATURE** Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when rains aling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. (4/97 DELETE Addition Change TITLE 1.1 TITLE MEISENBERG, JAY F NAME 1.2 NAME CR2E034 2256 HEITMAN STREET STREET ADDRESS 1.3 STREET ADDRESS FT MYERS FL 33901 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE ☐ Change Addition TITLE 2.1 TITLE MILLS, JOHN D NAME 2.2 NAME 2256 HEITMAN STREET STREET ADDRESS 2.3 STREET ADDRESS FT MYERS FL 33901 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Change TITLE 4.1 TITLE ■ Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-S1-ZIP DELETE Change ☐ Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Addition Change TITLE 6.1 TITLE NAME 62 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)(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 Nock 13 (Changed, or on an attachment with an address.)

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7/11/97

1011/230-2811

85 Zip Code