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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000021324 (4)

ATTORNEY SUPPORT CENTER, INC.

FILED May 01 1998 8:00am Secretary of State

Principal Place	of Business	Mailing Address		I LOBSTABL SIA LOUGH BISS ON SU MOSTI AN	irni manim numan sonda nuna tuati kabu 1900 i	
1303 LIMIT AVE		P O BOX 715				
MOUNT DORA FL 32757		MOUNT DORA FL 32757-0715		DO NOT WRITE	DO NOT WRITE IN THIS SPACE	
				Date Incorporated or Qualified	E III IIII O II AGE	
				03/01/1996		
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21 1223	Turingham Road	26 1223 Tyri	ngham Rd	59-3364769	Not Applicable	
Sulte, Apt.	#, Gac	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27		6. Commode of States Desired	Fee Required	
City & State 23 EUS		City & State EUSTIS F	- سا	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zíp	Country	8. This corporation owes or has p	aid the current year Intangible	
24 327		29 32724 3	J USA	Personal Property Tax due June		
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Ro	egistered Agent	
	LIAMS, ANDREA L		81 Name			
1303 LIMIT AVE			82 Street Ad	dress (P.O. Box Number is Not Accepta	ble)	
MOI	UNT DORA FL 32757		83 122	3 Tyringham Road	9	
			63	9	1	
			84 City	ustis	FL 85 32 26	
44 Purpupat	to the provisions of Sachaus 607 0502	and 607 1509 Florida Statutos				
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 faithful revitly and accept the appointment as registered agent. I am faithful revitly and accept the appointment as registered agent. I am faithful revitly and accept the appointment as registered agent. I am faithful revitly and accept the appointment as registered agent. I am faithful revitly and accept the appointment as registered agent. I am faithful revitly and accept the appointment as registered agent. I am faithful revitly and accept the appointment as registered agent. I am faithful revitle accept the appointment as registered agent. I am faithful revitle accept the appointment as registered agent. I am faithful revitle accept the appointment as registered agent. I am faithful revitle accept the appointment as registered agent. I am faithful revitle accept the appointment as registered agent. I am faithful revitle accept the accept						
agent. Lam familiar with and accept the objigations of Section 607.0505, Florida Statutes.						
SIGNATURE Signature type or protect can end registered agent and title if applicable (NOTE Registered Agent signature required when reinstating) OALE						
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFI		
TITLE	D	☐ DELETE	1.1 TITLE		Change Addition	
NAME	WILLIAMS, ANDREA L		1.2 NAME	· ·		
STREET ADDRESS	1303 LIMIT AVE		1.3 STREET ADDRESS	1223 Tyringham Eustis FL 327	i koad	
CITY-ST-ZIP	MOUNT DORA FL 32757		1.4 CITY-ST-ZIP	EUSTY FU 327		
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS	•	5	
CITY-ST-ZIP		T OF LETE	2.4 CITY - ST - ZIP		Charas Addition	
TITLE		☐ DELETE	3.1 TITLE		L Change L Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		☐ DELETE	3.4. C(TY - ST - Z(P) 4.1 TITLE		Change Addition	
NAME		Decere	4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
CITY-ST-ZIP			4.4 CITY-ST-ZIP			
TITLE		DELETE	5.1 TITLE		Change Addition	
NAME		_ 	5.2 NAME		· –	
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		☐ DELET E	6.1 TITLE		Change Addition	
NAME	\$		6.2 NAME		1	
STREET ADDRESS	· č		6.3 STREET ADDRESS]	
CITY-ST-ZIP	<u> </u>		6.4 CITY - ST- ZIP			

Thereby 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 supplicmental 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 13 if changed or on an attachment with an address.