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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1998

DOCUMENT #

P96000029877 (3)

INTERLAW ADVISORY SERVICES, INC

Principal Place of Business 413 SW 61 TERRACE MARGATE FL 33068

FILED Apr 16, 1998 8:00 am Secretary of State

f 1 61 (1111) i 111	UNION DENIE BANGE.	(88) (88) (88)

Mailing Address 413 SW 61 TERRACE MARGATE FL 33068 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/05/1996 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 2380 65-0655980 26 Suite, Apt. #, etc \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 \$5.00 May Be City & State City & State 6. Election Campaign Financing Added to Fees Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible 33061 Personal Property Tax due June 30. 29 Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MAHON, TIMOTHY K 413 SW 61 TERRACE 82 Street Addre MARGATE FL 33068 83 84 City 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. CARBINA ANTOQUESA SIGNATURE Signature, typed or printed name of registered agent and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS **2** Change Addition DELETE PSD 11 TITLE TITLE ANTEQUERA, CAROLINE 1.2 NAME NAME SSIO N.W. TT COUNT 413 SW 61 TERRACE 1.3 STREET ADDRESS STREET ADDRESS MARGATE FL 33068 1.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP Addition Change DELETE 3.1 TITLE TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - ST - ZIP CITY-ST-ZiP Change ■ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY-ST-ZIP DELETE Addition 5.1 TITLE Change TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE 6.1 TITLE THILE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

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

6.4 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP