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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000032322 (5)

PARALEGAL/INVESTIGATIVE CONSULTANTS, INC.

FILED May 14 1998 8:00am Secretary of State



Principal Plac	e of Business	Mailing Address		T ANDLINES AND TOTAL START BRUIT BRUIT BR	II DEIBE IIEID IIDOD IIIID IIDID IIDI DO	
800 DOUGLAS RD 800 DOUGLAS RD						
SUITE 219	SUITE 219 SUITE 219			DO MOT WEITE WATER OF A ST		
CORAL GABLES FL 33134 CORAL GABLES FL 33134				DO NOT WRITE	IN THIS SPACE	
				3. Date Incorporated or Qualified		
2. Principal P	lace of Business	2a. Mailing Address		04/12/1996 4. FEI Number	Applied For	
21 800	Douglas Rd	26 P. O. Box	2936		Applied For Not Applicable	
Suite, Apt.		Suite, Apt. #, etc.	<u> </u>	65-0661605	60 7F	
22 219 27				Certificate of Status Desired	Fee Regulred	
City & State	0	City & State		6. Election Campaign Financing	\$5.00 May Be	
23 COTAL GABRS, FL 28 HAllandale, 1		FL	Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes or has pa	id the current year Intangible	
24 33			u.s.	Personal Property Tax due June	30. Yes No	
	g. Name and Address of Current	Registered Agent	81 Name	10. Name and Address of New Re	pistered Agent	
BARR\$, ALICE 8						
800 DOUGLAS RD			82 Street A	82 Street Address (P.O. Box Number is Not Acceptable)		
SUITE 219						
CO	RAL GABLES FL 33134		83			
			84 City		85 Zip Code	
					FLIII 1	
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, typied or printed narrae of registered agent and trient applicable (NOTE Registered Agent signature required when reinstating) DATE						
12.	OFFICERS AND	DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	ERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition	
NAME	Barrs, alice		1.2 NAME		j	
STREET ADDRESS	800 DOUGLAS RD SUITE 219		1.3 STREET ADDRESS			
CITY-ST-ZIP	CORAL GABLES FL 33134		1.4 CITY - ST - ZIP			
TITLE		☐ DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME		1	
STREET ADDRESS			2.3 STREET ADDRESS		İ	
CITY-ST-ZIP			2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3 3 STREET ADDRESS			
CITY-ST-ZIP		DELETE	3 4. C(TY - ST - 7)P			
TITLE		☐ DELETE	41 TITLE		L. Change L. Addition	
NAME			4. 2 NAME		,	
STREET ADDRESS			4.3 STREET ADDRESS		1,)	
CITY-ST-ZIP TITLE		☐ DELETE	4.4 City-St-ZiP		Change Addition	
NAME			5.1 TITLE		Change Addition	
STREET ADDRESS			5.2 NAME			
CITY-ST-ZIP			5.3 STREET ADDRESS		1091	
TITLE		DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	·	Change Addition	
NAME			6.2 NAME	10000252 -05/18/980105 ***150,00	7091	
STREET ADDRESS			6.3 STREET ADDRESS	-05/18/980105	3001	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	***150.00		
	artify that the information grounded with	N - 6		d in Coation 140 07(9)(i) Etaylda Ctatutas II		

of the control of the companion supplied with this ning does not qualify for the exemption stated in Section 119.07(3)(), Florida Statutes. Further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiving 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, of on an attachment with an address.

WITE BARDS