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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000040481 (9)**

1. Corporation Name
LADY JUSTICE PARALEGALS, INC.

Principal Place of Business	Mailing Address
P O BOX 522370 LONGWOOD FL 32752-2237 0	P O BOX 522370 LONGWOOD FL 32752-2370 0

3. Date Incorporated or Qualified: 05/10/1996
3a. Date of Last Report:

2. Principal Place of Business
21 20 N. ORANGE AVE.
Suite, Apt. #, etc.
22 SUITE 1400
City & State
23 ORLANDO, FLORIDA
Zip / Country
24 32801 25 U.S.A

2a. Mailing Address
26 20 N. ORANGE AVE.
Suite, Apt. #, etc.
27 SUITE 1400
City & State
28 ORLANDO, FLORIDA
Zip / Country
29 32801 30 U.S.A

4. FEI Number: 59-3380814 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☒ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent
ALLEY, NANCY F
1009 E HWY 436
ALTAMONTE SPRINGS FL 32701

10. Name and Address of New Registered Agent
81 Name: MAURICE ROBINSON, CPA
82 Street Address (P.O. Box Number is Not Acceptable): 1999 West Colonial Drive
83
84 City: ORLANDO FL 85 Zip Code: 32804

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] 2/17/97
Signature, type or print name of registered agent and date (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	D/P ☒ Change ☐ Addition
NAME	MOSE, LESLEY-ANNE	1.2 NAME	MOSE, LESLEY-ANNE
STREET ADDRESS	6779 KNIGHTSWOOD DR	1.3 STREET ADDRESS	6779 KNIGHTSWOOD DRIVE
CITY-ST-ZIP	ORLANDO FL 32818-8870	1.4 CITY-ST-ZIP	ORLANDO, FL 32818-8870
TITLE	☐ DELETE	2.1 TITLE	V ☐ Change ☒ Addition
NAME		2.2 NAME	DUPRAT, DALE
STREET ADDRESS		2.3 STREET ADDRESS	3011 SHADER ROAD
CITY-ST-ZIP		2.4 CITY-ST-ZIP	ORLANDO, FL 32808
TITLE	☐ DELETE	3.1 TITLE	T/CHIEF FINANCIAL OFFICER/D ☐ Change ☒ Addition
NAME		3.2 NAME	WILLIAMS, PATRICIA
STREET ADDRESS		3.3 STREET ADDRESS	6779 KNIGHTSWOOD DRIVE
CITY-ST-ZIP		3.4 CITY-ST-ZIP	ORLANDO, FLORIDA 32818-8870
TITLE	☐ DELETE	4.1 TITLE	CHIEF [redacted] OFFICER ☐ Change ☒ Addition
NAME		4.2 NAME	ANGELAMARIA MILAN
STREET ADDRESS		4.3 STREET ADDRESS	3651 N. GOLDENROD RD. APT A104
CITY-ST-ZIP		4.4 CITY-ST-ZIP	WINTER PARK, FL 32792
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	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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 Block 13 if changed, or on an attachment with an address.

SIGNATURE: Lesley A. Mose LESLEY A. MOSE, PRESIDENT 3/12/97 407-244-7987
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0079954