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FILED  
May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

20 NO ORANGE AVE.  
STE 1400  
ORLANDO FL 32801  
US

20 NO ORANGE AVE.  
STE 1400  
ORLANDO FL 32801  
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 424 Anderson Court

Suite, Apt. #, etc.

22 B

City & State

23 ORLANDO, FLORIDA

Zip

24 32801

Country

25 US

2a. Mailing Address

26 424 Anderson Ct.

Suite, Apt. #, etc.

27 B

City & State

28 Orlando, FLORIDA

Zip

29 32801

Country

30 US

3. Date Incorporated or Qualified

05/10/1996

4. FEI Number

59-3380814

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

ROBINSON, MAURICE C CPA  
1999 WEST COLONIAL DRIVE  
ORLANDO FL 32804

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85

Zip Code

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: typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE

NAME MOSE, LESLEY-ANNE  
STREET ADDRESS 6779 KNIGHTSWOOD DRIVE  
CITY-ST-ZIP ORLANDO FL 70

TITLE V ☒ DELETE

NAME DUPRAT, DALE  
STREET ADDRESS 3011 SHADER ROAD  
CITY-ST-ZIP ORLANDO FL

TITLE TD ☒ DELETE

NAME WILLIAMS, PATRICIA  
STREET ADDRESS 6779 KNIGHTSWOOD DRIVE  
CITY-ST-ZIP ORLANDO FL 32818-8870

TITLE CM ☒ DELETE

NAME MILAN, ANGELAMARIA  
STREET ADDRESS 3651 N. GOLDENROAD RD. APT A104  
CITY-ST-ZIP WINTER PARK FL 32792

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VTD  
PATRICIA WILLIAMS  
2.3 STREET ADDRESS 6779 KNIGHTSWOOD DRIVE  
2.4 CITY-ST-ZIP ORLANDO, FL 32818-8870

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME CM-MARKETING  
3.3 STREET ADDRESS GEORGE L. COAR  
2231 OKADA COURT  
3.4 CITY-ST-ZIP ORLANDO, FL 32818

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME CM-HR  
4.3 STREET ADDRESS REGINALD E. COAR  
2231 OKADA COURT  
4.4 CITY-ST-ZIP ORLANDO, FL 32818

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

200002532812

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\*\*\*150.00

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.

CR2E034 (10/97)