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 # 1. Corporation Name

P96000046232 (0)

ATTORNEY - CLIENT LEGAL SERVICES, INC.						
Principal Place of Business	Mailing Address	•				
1880 BRICKELL AVE MIÁMI FL 33129	1880 BRICKELL AVE Miami Fl 33129					
2. Principal Place of Business	2a. Mailing Address					
Suite, Apt. #, etc.	Suite, Apt. #, etc.					
22	27					

FILED Feb 18 1998 8:00am Secretary of State



Principal Place of Business Mailing Address				T INCUITAL IND FOULD BILLY ONLY BRILL COLL STR		
1880 BRICKELL AVE 1880 BRICKELL AVE MIAMI FL 33129 MIAMI FL 33129			DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualified	
					05/31/1996	
2. Principal P	Place of Business	2a. Mailing Addres	SS		4. FEI Number	Applied For
21		26			65-0708314	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	tc.			\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	City & State			6. Election Campaign Financing	\$5.00 May Be
23 28			Trust Fund Contribution	Added to Fees		
Zip	Country	Zip	Cou	ntry	8. This corporation owes or has paid the	current year intangible
24	25	29	30		Personal Property Tax due June 30.	Yes No
	9. Name and Address of Curr	ent Registered Agent			10. Name and Address of New Registers	ed Agent
G	RIMSLEY, CHARLES J			81 Name		
18	880 BRICKELL AVENUE		-	82 Street Addi	ress (P.O. Box Number is Not Acceptable)	
M	IIAMI FL 33129		<u>_</u>		,	
				83		
			-	64 City		85 Zip Code
					F	
11. Pursuant to office or reagent. I al	to the provisions of Sections 607.09 egistered agent, or both, in the Sta m familiar with, and accept the obli	502 and 607.1508, Florida te of Florida. Such change gations of, Section 607.05	Statutes, the ab was authorized 505, Florida Statu	ove-named corp by the corporat ites.	poration submits this statement for the purpose tion's board of directors. I hereby accept the a	of changing its registered ppointment as registered
SIGNATURE	•					
	Signature, typed or printed name of registered a	gent and little if applicable.	(NOTE Registered	Agent signature requir		
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	
TITLE	PD	[] DELE	TE 1.1 TIT	LE		Change Addition
NAME	SZALAY, FRANK		1.2 NA	NE		
STREET ADDRESS	1880 BRICKELL AVE		1.3 ST	EET ADDRESS		{
CITY-ST-ZIP	MIAMI FL 33129			Y-ST-ZIP		
TITLE	SD	☐ DELE	TE 2.1 TIT	.E		Change Addition
NAME	GRIMSLEY, SAUNDRA		2.2 NA	AE		
STREET ADDRESS	1880 BRICKELL AVE		2.3 ST	EET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33129			Y-ST-ZIP		
TITLE		☐ DELE	TE 3.1 TIT	E		Change Addition
NAME			3.2 NAI	AE		
STREET ADDRESS			3.3 STF	EET ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE		☐ DELE	TE 4.1 TIT	E		Change Addition
NAME			4. 2 NA	ME		
STREET ADDRESS			4.3 STR	eet address		
CiTY-ST-ZIP				f-ST-ZIP		
TITLE		DELE DELE	TE 5.1 TITL	E		Change Addition
NAME			5.2 NAM	AE		
STREET ADDRESS			5.3 STR	EET ADDRESS		
CITY-ST-ZIP	_		5.4 CITY	r-ST-ZIP	•	
TITLE		☐ DELE				☐ Change ☐ Addition
NAME			6.2 NAM	IE		ľ
STREET ADDRESS			6.3 STR	EET ADDRESS		
CITY-ST-ZIP				-ST-ZIP		

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 availablement with an additional statutes.