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FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90176 039 ***150.00

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PROFIT CORPORATION
 ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # P96000052087

1. Corporation Name
PROVIDENCE PARALEGAL SERVICES, INC.



Principal Place of Business
**478 PROVIDENCE BLVD.
 DELTONA FL 32725**

Mailing Address
**478 PROVIDENCE BLVD.
 DELTONA FL 32725**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 1950 LEE ROAD	26 1950 LEE ROAD
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 206	27 206
City & State	City & State
23 WINTER PARK	28 WINTER PARK
Zip Country	Zip Country
24 32789 U.S.A	29 32789 U.S.A

3. Date Incorporated or Qualified	06/18/1996
4. FEI Number	NOT APPLICABLE
5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent

**BALUHA, GLORIA E
 478 PROVIDENCE BLVD.
 DELTONA FL 32725**

10. Name and Address of New Registered Agent

81 Name	SAME
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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BALUHA, GLORIA E	
STREET ADDRESS	478 PROVIDENCE BLVD.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	BALUHA, JAMES A	
STREET ADDRESS	478 PROVIDENCE BLVD.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	BALUHA, GLORIA E	
STREET ADDRESS	478 PROVIDENCE BLVD.	
CITY-ST-ZIP	DELTONA FL 32725	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	BALUHA, GLORIA E.	
1.3 STREET ADDRESS	1950 LEE ROAD, STE 206	
1.4 CITY-ST-ZIP	WINTER PARK, FL. 32789	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	BALUHA GLORIA E.	
2.3 STREET ADDRESS	1950 LEE ROAD, STE. 206	
2.4 CITY-ST-ZIP	WINTER PARK, FL. 32789	
3.1 TITLE	ST	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	BALUHA GLORIA E.	
3.3 STREET ADDRESS	1950 LEE ROAD, STE 206	
3.4 CITY-ST-ZIP	WINTER PARK, FL. 32789	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 an attachment with an address, with all other like empowered.

SIGNATURE: [Signature] **4-25-99** **407-740-4003**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)