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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000061021 (7)

FILED Apr 04 1997 8:00am Secretary of State

Toporation Name COMPANY COUNSEL LEGAL SERVICES, INC. Principal Place of Business Mailing Address 7500 COQUINA DRIVE NORTH BAY VILLAGE FL 33141 NORTH BAY VILLAGE FL 33141					33141-4025					
							3. Date Incorporated or Qualifie 07/22/1996	d 3a. D	ate of Last	Report
2. Principal	Place of Business		2a. Mailing A	Address			4 6FI Number	~D	h	pplied For
1			Suite, Ap				65-06889	3/		lot Applicable
Suite, Apt	1 #, 6:0		27	л. и , в ю.			5. Certificate of Status Desired			Additional Regulred
City & Sta	ate		City & St	ate	,		6. Election Campaign Financing	}	\$5.00	May Be
<u> </u>		····	28	···	·		Trust Fund Contribution		Added	to Fees
Zip 4]	Cour 25	ntry	Zip		Country 30	y	This corporation has liability to Florida Statutes		a tax under	s. 199.032,
<u> </u>	g, Name and Add	iress of Current	29 Registered Age	ent	[30]		10. Name and Address of New			
FO	NZI, IRENE		*		81	Name		·····		
144	O KENNEDY CAUSE		310		82	Street Ac	ddress (P.O. Box Number is Not Accep	table)		
NO	irth bay village i	FL 33141			83	<u> </u>				
					63	<u></u>				
					84	City		FL	85 Zip	Code
agent I	am familiar with, and a	ccept the obliga	tions of, Section	607.0505, F	lorida Statute	98.	orporation submits this statement for th oration's board of directors. I hereby ac		of changing pointment a	its registered s registered
agent I SIGNATURE 12.	am familiar with, and a	ccept the obliga	tions of, Section it and life if applicable DIRECTORS	607.0505, F	TE: Registered Ag	98.	corporation submits this statement for the pration's board of directors. I hereby accepted when reinstating) ADDITIONS/CHANGES TO OF	DATE	D DIRECTO	DRS IN 12
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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 suppliemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath, that han 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 12 if glianged, or on an attachment with an address.

SIGNATURE:

TED NAME OF SIGNING OFFICER OR DIRECTOR

3/29/97 35/864-3456