FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

DOCUMENT # P9600063236 (9)

ON - POINT LEGAL, INC.

Principal Place of Business

Mailing Address

1515 NO UNIVERSITY DRIVE STE 209 CORAL SPRINGS FL 33071 1515 NO UNIVERSITY DRIVE STE 209 CORAL SPRINGS FL 33071-6086

FILED May 05 1997 8:00am Secretary of State



					} .		
					3. Date Incorporated or Qualified 07/26/1996	3a. Pate of L	ast Report
Principal P	Place of Business	2a Mailing Address		Cual	4. FEI Number		Applied For
21 10	り めの フフス 391 程度	26/0 /JUX	77239/	Spres F	CR 284-50-992	10 T	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt #, etc).	-V-0-71-	5. Certificate of Status Desired		.75 Additional ee Required
City & Stat	e	City & State			6. Election Campaign Financing	\$1	5.00 May Be
23		28			Trust Fund Contribution		dded to Fees
7in	Coupty	Žφ	Cour	ntry	8. This corporation has liability for		
24 336	7/ 25 6	29	30			Yes No	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Re	gistered Agent	
BAU	IM, JOEL			B1 Name			
1515 NO UNIVERSITY DRIVE STE 209 CORAL SPRINGS FL 33071				On Charles (C.O. Davidson and Market and Mar			
				82 Street Address (P.O. Box Number is Not Acceptable)			
- CORNE OF MINOS I E BOOT I			ł	83			
İ							
			1	84 City		85	Zip Code
						FL_ ``	
11, Pursuant office or r	to the provisions of Sections 607.0502 registered agent, or both, in the State c	and 607 1508, Florida S J Florida: Such channo:	Statules, the ab was authorized	iove-named corp Lby the corporat	poration submits this statement for the parties beard of directors. Thereby acce	outpose of chang	jing its registered
agent. I a	am familiar with, and accept the obligat	ons of, Section 607.050	05, Florida Statu	ites.		A S. O. O. P. P. O. I. P.	no regionarea
SIGNATURE							
	Signature, typed or printed name of registered agent			Agent signature requi		DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICE		
TITLE	D	DELETE	E 1.1 1/1	L E		L_ Ch	nange 🔲 Addition
NAME	TETI, SUSAN		12 NA	ME			
STREET ADDRESS	1515 NO UNIVERSITY DRIVE ST	E 209	1.3 S14	REET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071		1,4 C/T	Y-ST-7IP			
TITLE	D	DELETE	E 21111	LE		☐ Ch	ange Addition
NAME	TETI, LYNN		2.2 NA	ME (
STREET ADDRESS	1515 NO UNIVERSITY DRIVE ST	E 209	2.3 ST	REET ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 33071			IY-S1-ZIP			
'AITLE		DELETE				☐ Ch	nange Addition
NAME	·		3.2 NA		-		
STREET ADDRESS			1	REET ADDRESS		_	
CITY-ST-ZIP				į į			
TITLE		DELETE		[Y-ST-ZIP		Ch	ange Addition
NAME						LJ 011	ange [Anomori
			4. 2 NA	i			
STREET ADDRESS				RET ADDRESS			
CITY-ST-ZIP		T person		Y-ST-ZIP			
TITLE		DELETE	1	i		☐ Ch	iange L Addition
NAME :			5 2 NA	VE			
STREET ADDRESS			5.3 STF	REET ADDRESS			
_Crty-St-2IP				Y - \$1 - ZIP			
TITLE		DELETE	6.1 TIT	LE		Ch	ange Addition
NAME			6.2 NAI	ME			
STREET ADDRESS			6,3 STF	SEE1 ADDRESS			
Offy-ST-ZIP				Y - ST - 7/P			
	hy cartifu that the information supplied	with this filing does not	constitutor the c		d L. Contino 110 07(0)() Florido Ciolido	- 1 f - d	

Information indicated on this annual report or supplied with rins tilling does not quality 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 changes, or on an attachment with an address.