## 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 # P96000078849 (2)

LEGAL CONCEPTS, INC.

Mailing Address Principal Place of Business 3047 S. ATLANTIC AVENUE 3047 S. ATLANTIC AVENUE **SUITE 1804** SUITE 1804 DAYTONA BEACH SHORES FL 32118 DAYTONA BEACH SHORES FL 32118-6142 3. Date Incorporated or Qualified 3a. Date of Last Report 09/23/1996 2. Principa: Place of Business Applied For 400 S. Palmetto Ave Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees This corporation has liability for intangible tax under s. 199.032, Florida Statutes
 Yes
 No 10. Name and Address of New Registered Agent Name and Address of Current Registered Agent COOLIDGE, EDWIN C ESQ. 145 E. RICH AVENUE 82 once **DELAND FL 32721-0048** 63 on: 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered on the obligations of, Section 607.0505, Florida Statutes. 11. Pursuant to the provisions of office or registered agent. agent I am familiar with President, M:tchell SIGNATURA ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Addition . Change DELETE 1.1 TITLE Tille Robert 1.2 NAME NAME MITCHELL, JEROME D % 3047 S. ATLANTIC AVENUE, #1804 1.3 STREET ADDRESS DAYTTONA BEACH SHORES FL 32118 1.4 CITY-ST-ZIP City 51 - 21P Addition DELETE 21 TITLE THEF 22 NAME MAM 3047 S. Atlan STREET ADDRESS 2.3 STREET ADDRESS 2. 4 CITY - ST- ZIP CHY-51 7P DELETE Addition 3.1 TITLE TITLE zarole Ar Mondlak 3.2 NAME NAM: 1273 Avienda del 3.3 STREET ADDRESS STREET ANDRESS 3.4. CITY - ST - ZIP X Addition DELETE 4.1 TITLE THILE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-\$T-ZIP City - \$1, 705 DELETE 5.1.1(T) F 101.6 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADORESS 5.4 CITY - ST - ZIP COV-ST Change Addition DELETE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 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 12 or on an attachment with an address.

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FILED

Apr 25 1997 8:00am

Secretary of State