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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **P96000095661**1. Corporation Name

LITIGATION SERVICES, INC.

| Principal | Place | of | Business |
|-----------|-------|----|----------|

FILED Jan 22, 1999 8:00am **Secretary of State**

01-22-1999 90040 020 ***150.00



| r micipai cia | ice of Dusiness | Mailing Address | | | į. | | |
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| 2745 CLEARB | ROOK CIRCLE CH FL 33445 | 2745 CLEARBROOK CIF DELRAY BEACH FL 334 | | | | | |
| | | January 2 dos | | | DO NOT WRITE | IN THIS SPACE | |
| | | | | | 3. Date Incorporated or Qualifed | | |
| | | | | | 11/22/1996 | | |
| 2. Principal I | Place of Business | 2a. Mailing Address | | | 4. FEI Number | 1 | Applied For |
| 21 26 | | | | 22-3013368 | ⊢ | Not Applicable | |
| Suite, Apt | i. #, etc. | Suite, Apt. #, etc. | _ | | | \$8.74 | 5 Additional |
| 22 | | 27 | | | 5. Certifcate of Status Desired | | Required |
| City & Sta | ate | City & State | | | 6. Election Campaign Financing | _ \$5.0 | 0 May Be |
| 23 | | 28 | | | Trust Fund Contribution | | d to Fees |
| Zip | Country | Zip | Zip Country | | 8. This corporation owes the current | | |
| 24 | 25 | 29 | 30 | | Personal Property Tax. | Yes | TE NO |
| | 9. Name and Address of Curren | t Registered Agent | | | 10. Name and Address of New Reg | istered Agent | |
| IAC: | MELIDO OADOL 14 | | - | 81 Name | | | · · - |
| | NBURG, CAROL M | | | 02 04 | di (0.0 p. N | | , |
| 2745 CLEARBROOK CIRCLE | | | 82 Street A | address (P.O. Box Number is Not Acceptable | | | |
| DEL | JRAY BEACH FL 33445 | | | 83 | THE TANK ALL A STREET WAS A STR | e i versionali per esta esta en la esta en l | 104 34421 1506 1506 154 34421 1506 1506 |
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| • | | | | 84 City | | 85 Zi | Code |
| 11 Durement | to the provisions of Sections 607.050 | 2 4 507 4500 51 | | <u> </u> | orporation submits this statement for the pur | <u> </u> | |
| | registered agent, or both, in the State of am familiar with, and accept the obligat | | | | orporation submits this statement for the pur ration's board of directors. I hereby accept the | ie appointment as | registered |
| SIGNATURE | | | | | | | |
| 42 | Signature, typed or printed name of registered agent | | | Agent signature rec | | DATE | |
| 12. | OFFICERS ANI | | 13. | | ADDITIONS/CHANGES TO OFFIC | ERS AND DIRECT | ORS IN 12 |
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14. I hereby certify that the information supplied with this filling 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: