

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED

98 JUN 30 AM 9:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P97000004571 (0)

1. Corporation Name

COMMUNITY PARALEGAL SERVICE III INC.

Principal Place of Business

760 W SAMPLE RD
POMPANO BEACH FL 33064

Mailing Address

760 W SAMPLE RD
POMPANO BEACH FL 33064

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/13/1997

4. FEI Number

65-0814020

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☐ No

2. Principal Place of Business

21. COMMUNITY PAR. SVCS INC

Suite, Apt. #, etc.

22. 65 NE 10TH ST

City & State

23. POMPANO BCH, FL

Zip

Country

24. 33060

25. USA

2a. Mailing Address

26. 65 NE 10TH STREET

Suite, Apt. #, etc.

City & State

28. POMPANO BEACH, FL

Zip

Country

29. 33060

30. USA

9. Name and Address of Current Registered Agent

THRMDOR, SIMON B
760 W SAMPLE RD
POMPANO BEACH FL 33064

10. Name and Address of New Registered Agent

81. Name

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

Signature, typed or printed name of registered agent and title if applicable to

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME THRMDOR, SIMON B
STREET ADDRESS 760 W SAMPLE RD
CITY-ST-ZIP POMPANO BEACH FL 33064

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
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CITY-ST-ZIP

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NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE DP
1.2 NAME THRMDOR, SIMON B
1.3 STREET ADDRESS 65 NE 10TH STREET
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33060

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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.

CR2E034 (10/97)

06/05/98

DIVISION OF CORPORATIONS

ANNUAL REPORTS FILINGS

P.O. BOX 1500

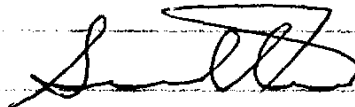
TALLAHASSEE, FL 32302-1500

Gentlemen

I apologize for the lateness of this form. This appened because of some misunderstanding. I called your office about that and someone told me to mail the application with a notice of excuse. I hope that you will take this situation in consideration.

Thank you for your cooperation

Respectfully



Simon B. THERMAN

Ⓜ The change of address was a problem also.