07071999-90011-042-$150.00-$150.00

999.

AMOUNT DUE ON OR BEFORE 05/1/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
99 JUL 20 AM 8:56

DOCUMENT # P97000004571

1. Corporation Name
COMMUNITY PARALEGAL SERVICE III INC.

Principal Place of Business	Mailing Address
65 N.E. 10TH ST POMPANO BEACH FL 33060	65 N.E. 10TH ST POMPANO BEACH FL 33060

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 01/13/1997

2. Principal Place of Business
21: 65 NE - 10TH ST
22: Suite, Apt. #, etc.
23: City & State: POMPANO BCH, FL
24: Zip: 33060 — 25: Country: USA

2a. Mailing Address
26: 65 NE 10TH ST
27: Suite, Apt. #, etc.
28: City & State: POMPANO BCH, FL
29: Zip: 33060 — 30: Country: USA

4. FEI Number: 65-0814020 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

THRMIDOR, 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	P THERMIDOR, SIMON B 65 N.E. 10TH ST POMPANO BEACH FL 33060	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (5/99)

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.

SIGNATURE: SIMON B THERMIDOR 06-30-99 (954)943-0130
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JULY 16, 1999

DIVISION OF CORPORATIONS
CORPORATES RECORDS
P.O. BOX 6327
TALLAHASSEE, FL 32314
ATTn.: MR. Sean TONER

RE: COMMUNITY PAR. SVCS III
65 NE 10TH STREET
POMPANO BEACH, FL 33060
FEI # 65-0814020

Dear Director

In connection to the notice received on July 15, 1999 on Annual Report regarding the annual fee, I called and explained to one employee of your office the same day that I received the 2nd notice of the Annual Report. She told me to send the application with the fee of $ 150.00 along with an explanation why I am late. I did so, but today I receive this letter from your office mentioned a balance due of $ 400.00. I bring this fact to your attention in order to waive the fee for me.

Thank you for your cooperation

Sincerely

SIMON R. THERMIDOR