

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

**FILED**  
**Mar 03, 1999 8:00 am**  
**Secretary of State**

03-03-1999 90111 014 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



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

**DOCUMENT # P97000007518**

1. Corporation Name  
**LAW BYTES, INC.**

Principal Place of Business  
**409 SE 7TH STREET  
FORT LAUDERDALE FL 33301**

Mailing Address  
**409 SE 7TH STREET  
FORT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**01/27/1997**

4. FEI Number  
**65-0726891**

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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **100 South Pine Island Rd**

Suite, Apt. #, etc.

22 **201**

City & State

23 **Plantation FL**

Zip

24 **33324**

Country

25 **USA**

2a. Mailing Address

26 **100 South Pine Island Rd**

Suite, Apt. #, etc.

27 **201**

City & State

28 **Plantation FL**

Zip

29 **33324**

Country

30 **USA**

9. Name and Address of Current Registered Agent

**KLEIN, MICHAEL  
409 SE 7TH STREET  
FORT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

**100 South Pine Island Rd**

83

**Suite 201**

84

**Plantation**

FL

85 Zip Code

**33324**

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 **Michael Klein**  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating) ..

DATE

**2/7/99**

12. OFFICERS AND DIRECTORS

TITLE **PVST** ☐ DELETE  
NAME **KLEIN, MICHAEL**  
STREET ADDRESS **409 SE 7TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE **D** ☐ DELETE  
NAME **KLEIN, MICHAEL**  
STREET ADDRESS **409 SE 7TH STREET**  
CITY-ST-ZIP **FORT LAUDERDALE FL 33301**

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.

1.1 TITLE ☒ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS **100 South Pine Island Rd, Suite 201**  
1.4 CITY-ST-ZIP **Plantation, FL 33324**

2.1 TITLE ☒ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS **100 South Pine Island Rd Suite 201**  
2.4 CITY-ST-ZIP **Plantation, FL 33324**

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

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

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

6.1 TITLE ☐ Change ☐ Addition  
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, with all other like empowered.

SIGNATURE:

**Michael Klein**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**2/7/99**  
Date

**954-915-8120**  
Daytime Phone #

CR2E034 (11/98)