

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

FILED
Mar 11, 1999 8:00 am
Secretary of State

03-11-1999 90205 001 ***150.00

DOCUMENT # **P97000016688**

1. Corporation Name
O'CONNELL LEGAL VIDEO INC.



Principal Place of Business
2801 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES FL 33134

Mailing Address
2801 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES FL 33134

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
21 **225 Alcazar Ave**
Suite, Apt. #, etc.
22 **2nd Floor**
City & State
23 **Coral Gables, FL**
Zip
24 **33134** Country
25 **U.S.A.**

2a. Mailing Address
26 **225 Alcazar Ave**
Suite, Apt. #, etc.
27 **2nd Floor**
City & State
28 **Coral Gables, FL**
Zip
29 **33134** Country
30 **U.S.A.**

3. Date Incorporated or Qualified

02/21/1997

4. FEI Number

59-3440129

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 Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

O'CONNELL, GREGORY S
2801 PONCE DE LEON BLVD.
SUITE 400
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name **Gregory S. O'Connell**
82 Street Address (P.O. Box Number is Not Acceptable)
225 Alcazar Ave.
83 **2nd Floor**
84 City **Coral Gables** FL 85 Zip Code **33134**

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 **Gregory S. O'Connell**
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

3-8-99

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	O'CONNELL, GREGORY S	2801 PONCE DE LEON BLVD., SUITE 400	CORAL GABLES FL 33134	<input type="checkbox"/>
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
President	Gregory S. O'Connell	225 Alcazar Ave 2nd Floor	Coral Gables, FL 33134	<input checked="" type="checkbox"/>	<input type="checkbox"/>
2.1 TITLE	2.2 NAME	2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	Change	Addition
3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	Change	Addition
4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	Change	Addition
5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	Change	Addition
6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	Change	Addition

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: **Gregory S. O'Connell**

3-8-99

3-05-448-460

CR2E034 (11/98)