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

DOCUMENT # P970
1. Corporation Name
ATTORNEY OUTSOURCE, INC. P97000059287 (7)

Mar 20 1998 8:00am Secretary of State

FILED

Principal Place		Mailing Address	_		, regulati de latti dati dati dati dati	1 82101 21116 19119 KARL INKE 1981 1981
800 DEERFIELD ROAD 600 DEEI ST AUGUSTINE FL 32095 ST AUGU						
01 1100001111	L 16 45000	or moodering te o	2000		DO NOT WRITE	IN THIS SPACE
					 Date Incorporated or Qualified 07/08/1997 	
· ·	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For
21	24	26			59-3456267	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27		Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State)	City & State			6. Election Campaign Financing	\$5.00 May Be
23		28	28		Trust Fund Contribution	Added to Fees
Zip	Country	Zıp	Count	У	8. This corporation owes or has paid	d the current year Intangible
24	25	29	30		Personal Property Tax due June	
Lin i	g. Name and Address of C L, UNDA M	Jurrent Hegistered Agent	8	Name	10. Name and Address of New Reg	Istered Agent
	L, UNDA M DEERFIELD ROAD					
	AUGUSTINE FL 32095		8:	Street A	Address (P.O. Box Number is Not Acceptable	e)
•	7,000011112 / C 02000		8:	3		
				1 0::-		
			8-	City		FL 85 Zip Code
office or re	egistered agent, or both, in the	07.0502 and 607.1508, Florida St State of Florida, Such change w obligations of, Section 607.0505	as authorized t	by the corp	corporation submits this statement for the puriodic properties of directors. I hereby accept the puriodic properties of the puriodic puriodic properties of the puriodic properties of the puriodic puriodic properties of the puriodic properties of the puriodic puriodic properties of the puriodic purio	irpose of changing its registered the appointment as registered
SIGNATURE	Signature, typod or printed name of register	red aunut and tille it applicable.	(NOTE: Registered A	ent signature	required when reinstating)	DATE
12,	<u> </u>	S AND DIRECTORS	13.	, <u>.</u>	ADDITIONS/CHANGES TO OFFICE	
TITLE	D	DELETE	1.1 TITLE		P/T/S	Change Addition
NAME	HILL, LINDA M		1.2 NAME		Lindam. Hill od	•
STREET ADDRESS	600 DEERFIELD ROAD	vē.	1.3 STREE	T ADDRESS	Lindam. Hill 600 Deevheld Rd. St. Augustine, FL VD Bruce A. Hill Loo Deevheld Rd. St. Augustine, FL 3	27095
CITY-ST-ZIP	ST AUGUSTINE FL 3209		1.4 CITY-		St. Augustine, PC	
TITLE		☐ DELETE	2.1 TITLE		V/D a A. HU	☐ Change ☐ Addition
NAME			2.2 NAME		Pop Newhelded.	
STREET ADDRESS				T ADDRESS	St. angusting FL3	2095
CITY-ST-ZIP TITLE			2. 4 City 3.1 Title	-51-211	01	Change Addition
NAME			3.2 NAME	- 1		
STREET ADDRESS			3.3 STREE	T ADDRESS		
CITY-ST-ZIP			3.4. CITY	ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE			Change Addition
NAME	1 "-"		4. 2 NAM	: J		
STREET ADDRESS			4,3 STREE	T ADDRESS		
CITY-ST-ZIP		- Inc. etc.	4.4 CITY-	ST-ZIP	······	
TITLE		☐ DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME	- 1		
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP		DELETE	5.4 CITY -	ST-ZIP		Change Addition
TITLE		ביי טבובוב	6.1 TITLE	ł		Cuantis Producing
NAME ATREET ADDRESS			6.2 NAME			
STREET ADDRESS			0.3 STREE	T ADDRESS		

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 13 if change 0, or on an attachment with an address.

3/6/98 Lindamiltill