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 # P97000061635 (3)

OSTER PARALEGAL SERVICES, INC.

Principal Place of Business

Mailing Address

FILED Apr 14 1998 8:00am Secretary of State



13829 73RD STREET NORTH WEST PALM BEACH FL 33412		13629 73RD STREET NORTH WEST PALM BEACH FL 33412			DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualified 07/16/1997
	Place of Business	2a. Mailing Address		***	4. FEI Number Applied For
21		26			05-0768582 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc. 27			5. Certificate of Status Desired See Required Fee Required
City & State		City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip	Country Zip Ci		Count	y .	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No
	9, Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
OS	STER, KATHY L		8	Name	
	629 73RD STREET NORTH EST PALM BEACH FL 33412		82	Street Add	dress (P.O. Box Number is Not Acceptable)
***	STITION DENOTITE COTTE		83	3	
ı			84	City	FI 85 Zip Code
office or r	ogi ste red agent, or both, in the Stati	⊫of Ftorida. Such change was	authorized b	ov the corpora	poration submits this statement for the purpose of changing its registered alion's board of directors. I hereby accept the appointment as registered
SIGNATURE	m familiar with, and accept the oblig	,			uired when roinstalling) DATE
12.		ID DIRECTORS	13.	Sour eidustric tedo	uired when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D PST	DELETE	1.1 TITLE	···	Change Addition
NAME	OSTER, KATHY L		1.2 NAME		
STREET ADDRESS	13629 73RD STREET NORTH	1	1.3 STRFET ADDRESS		
CITY-ST-ZIP	WEST PALM BEACH FL 334		1.4 CiTY -		
TITLE	<u>V</u>	DELETE	2.1 TITLE		Change Addition
NAME	OSTER, JAMES R		2.2 NAME		
STREET ADDRESS	13629 73RD STREET NORTH		2.3 STREE	1 ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 334	12	2. 4 CITY -	ST-ZIP	. :
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3 2 NAME	ĺ	
STREET ADDRESS			3.3 STREE	T ADDRESS	
CITY-ST-ZIP	····		3.4. CITY-	ST-ZIP	
TITLE			4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS				I ADDRESS	
CITY-ST-ZIP		T INT. PTF	4.4 CITY -	ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	1	Change Addition
NAME			5.2 NAME	. [
STREET ADDRESS				T ADDRESS	
CITY-ST-ZIP TITLE		DILETE	5.4 CITY -	ST-ZiP	Change III 4 July
NAME					☐ Change ☐ Addition
			62 NAME	Laborer	
STREET ADORESS				T ADDRESS	
CITY-S1-ZIP			6.4 DITY-1	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 logal 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.

Kall Date water with