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PROFIT CORPORATION ANNUAL REPORT

1998

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FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000073151 (7)

LEGAL MANAGEMENT, INC. Principal Place of Business Mailing Address 687 BEVILLE RD. **687 BEVILLE RD.** S. DAYTONA FL 32119 S. DAYTONA FL 32119 DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified 08/22/1997 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-34654DP 21 26 Not Applicable \$8.75 Additional Suite, Apt. #, etc. Suito, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be \Box 23 28 Trust Fund Contribution Added to Fees Zip Country Ζıp 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name PYLE, MICHAEL A 687 BEVILLE RD. 82 Street Address (P.O. Box Number is Not Acceptable) S. DAYTONA FL 32119 63 City 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** Signature, typed or printed runne of registered agent and fille if applicable (NOTs. Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE PYLE, MICHAEL A 1.2 NAME NAME 687 BEVILLE RD. STREET ADDRESS 1.3 STREET ADDRESS S. DAYTONA FL 32119 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE WILES, KAREN L NAME 22 NAME 687 BEVILLE RD. STREET ADDRESS 2.3 STREFT ADDRESS S. DAYTONA FL 32119 CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADORESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change DELETE 4.1 TITLE Addition NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY - ST - ZIP DELETE 61 TITLE Change Addition TITLE NAME 6.2 NAME

14. Thereby certify that the information supplied with this filing doos 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:

STREET ADDRESS

millar

MICHAEL A PYLE

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

4/1/28

904-788-0888

FILED

Apr 14 1998 8:00am

Secretary of State