

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

FILED
Mar 23, 2000 8:00 am
Secretary of State

03-23-2000 90011 034 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT #

1. Corporation Name

PARALEGAL SERVICENTER, INC.

80044117

Principal Place of Business

Mailing Address

3155 N.W. 42ND. STREET
LAUDERDALE LAKES
FLORIDA 33309

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11.27.97

4. FEI Number

65-0795596

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 3155 N.W. 42ND. ST

26 AS AT NO 2

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 LAUDERDALE LAKES

27

City & State

City & State

23 FLORIDA

28

Zip

Country

Zip

Country

24 33309

25 U.S.A

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BRINSLEY M.A. ELLIOTT, SR.
3155 NORTHWEST 42ND. STREET
LAUDERDALE LAKES
FLORIDA 33309

81 Name

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

83

84 City

FL

85

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 understand the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

BRINSLEY M.A. ELLIOTT, SR. (PRESIDENT)

(NOTE: Registered Agent signature required when reinstating)

DATE

03.07.00

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PRESIDENT
NAME BRINSLEY M.A. ELLIOTT, SR.
STREET ADDRESS 3155 N.W. 42ND. STREET
CITY-ST-ZIP LAUDERDALE LAKES, FLORIDA 33309

☐ DELETE

1.1 TITLE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

2.1 TITLE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

3.1 TITLE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

4.1 TITLE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

5.1 TITLE

☐ Change

☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

☐ DELETE

6.1 TITLE

☐ 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.

SIGNATURE:

BRINSLEY M.A. ELLIOTT, SR.

03.17.00

954-714-6888

CR2E034 (10/97)