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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

P97000100181 (1)

JD LEGAL INC.

Mailing Address

**FILED** Apr 23 1998 8:00am Secretary of State



Principal Place of Business Mailing Address						
2822 N 34 A		2822 N 34 AVE	2822 N 34 AVE			
+ HOLTAMOOD	) FL 33021	HOLLYWOOD FL 33021				50.007.00077.00.00
						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified 01/25/1997
2. Principal P	lace of Business	2a. Mailing Address				
<u> </u>	SW 15th St	<u>}</u> γ	401			T. P. Pilot Ye.
Suite, Apt.		26 P.O. Box Suite, Apt. #, etc.	491			00.75
22 241		27				5. Certificate of Status Desired Fee Required
City & State	е	City & State			····	6. Election Campaign Financing \$5.00 May Be
23 Deer:	field Bch., FL	28 Deerfield	Rch		FT.	Trust Fund Contribution Added to Fees
Zip	Country	Zip		untry		8. This corporation owes or has paid the current year Intangible
24 3344		29 33443	30	ŲS.	A	Personal Property Tax due June 30.  Yes XX No
	9. Name and Address of Curre	nt Registered Agent				10. Name and Address of New Registered Agent
AMERILAWYER					Name	
343 ALMERIA AVENUE				82	Street	Address (P.O. Box Number is Not Acceptable)
CC	DRAL GABLES FL 33134			102	311001	Address (1.0. box Northber 15 Not Acceptable)
İ				83		
				84	City	log I 7% Code
				04	City	FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	ites, the a	DOVE	-named	corneration submits this statement for the number of changing its registered
oπice or re agent. La	e <b>giste</b> red agent, or both, in the State <b>m fami</b> liar with, and accept the oblig	e of Horida. Such change was gations of, Section 607,0505, F	authorize Iorida Sta	ed by	the corp i.	rporation's board of directors. I hereby accept the appointment as registered
SIGNATURE		<b>,</b> ,				
DIGITATIONE	Signature, typed or printed name of registered ag	gent and title if applicable. (NO	T[: Registere	d Age	nt signature	e required when reinstating) DATE
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD CONTENT TO MATERIAL	☐ DELETE	1.1 7	ITLE		S/V/D Change X Addition
NAME	PORTER, JONATHAN		1.2 8	AME		BIFFIS, CLARE
STREET ADDRESS	2822 N 34 AVE		1.3 S	TREET	ADDRESS	2209 SW 15th Street, #241
CATY-ST-ZIP	HOLLYWOOD FL 33021		1.4 0	ITY-S	F-ZIP	Deerfield Bch., FL 33442 Change Addition
TITLE	VD COCIAID DODIE	☐ DELETE	2.1 T	ITLE	i	Addition
NAME	FREUND, DORIT		22 N	IAME	İ	
STREET ADDRESS	2822 N 34 AVE		2.3 \$	TREET	AODRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		2.40	CITY-S	T - ZIP	
TITLE	80	XX DELETE	3.1 1	ITLE		☐ Change ☐ Addition
NAME	O'CONNER, THOMAS J		3.2 N	IAME		
STREET ADDRESS	2822 N 34 AVE		3.3 S	TREET.	ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL 33021		3.4. (	CITY-S	T-ZIP	
TITLE		☐ DELETE	4.1 T	ITLE		Change Addition
NAME			4.21	IAME		
STREET ADDRESS			4.3 S	TREET	ADDRESS	
CITY-ST-ZIP	1 p		4.4 0	(TY-S)	F- ZIP	
TITLE		☐ DELETE	5.1 1	ITLE		Change Addition
NAME			5.2 N	AME		
STREET ADDRESS			5.3 S	TREET	ADDRESS	
CITY-ST-ZIP			5.4 C	ITY-S1	- ZIP	·
TITLE	•	DELETE	6.1 T	ITLE		☐ Change ☐ Addition
NAME			6.2 N	AME		
STREET ADORESS			6.3 S	TREET	ADDRESS	
CITY-ST-ZIP				ITY-S1		
14. I hereby c	ertify that the information supplied v	with this filing does not qualify t	for the ex	empi	ion state	ed in Section 119.07/3Vi). Florida Statutes: I further certify that the information

Indicated on this annual report or supplemental annual report is frue and that my signature shall have in security and that 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 Spaties, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.