

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 14, 1999 8:00 am
Secretary of State

04-14-1999 90067 034 ***150.00

DOCUMENT # 97-000100325

1. Corporation Name

LEGAL SOLUTIONS OF AMERICA, INC.

Principal Place of Business

305 S. BREWARD Ave.
Tampa, FL 33606

Mailing Address

P.O. Box 172476
Tampa, FL 33672

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

1-1-98

2. Principal Place of Business

305 So BREWARD

2a. Mailing Address

P.O. Box 172476

4. FEI Number

59-34905-78

Applied For

☐ Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State

Tampa, Florida

City & State

Tampa, FL - USA

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip

Country

33606

USA

Zip

33672

Country

USA

8. This corporation owes the current year Intangible

Personal Property Tax.

☐ Yes ☒ No

9. Name and Address of Current Registered Agent

Suzette M. Alfonso
305 S. BREWARD Ave
Tampa FL 33606

10. Name and Address of New Registered Agent

81 Name Suzette M. Alfonso

82 Street Address (P.O. Box Number is Not Acceptable)
305 S. BREWARD Ave.

83

84 City Tampa

FL

85 Zip Code
33606

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

Suzette M. Alfonso
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-5-99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME CARL J. OHALL

STREET ADDRESS (VICE-PRES./DIRECTOR)

CITY-ST-ZIP P.O. Box 172476

Tampa FL 33672

TITLE ☐ DELETE

NAME Suzette M. Alfonso

STREET ADDRESS (Pres./Director)

CITY-ST-ZIP P.O. Box 172476

Tampa, FL 33672

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-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 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, with all other like empowered.

SIGNATURE:

Suzette M. Alfonso
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

AS. PRES.

4-5-99
Date

(813) 259-0300
Daytime Phone #

CR2E034 (11/98)