PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # PORODO43825

Apr 07, 1999 8:00 am Secretary of State

04-07-1999 90072 041 ***150.00

1. Corporation					
KISSIMMEE PARALEGAL SERVICE, INC.					
1					
				100% 20% 1/8 (8/8% 1/8/1) 84/1/ 85/1/ 48/1/ 65/1/	BUBBO HKOT HOTED KODEL OHK LEGA
Principal Place		Mailing Address			į
911 N MAIN STREET STE 9A 911 N MAIN STREET STE 9 KISSIMMEE FL 34744 KISSIMMEE FL 34744			٩		•
M22mmee Lr	34/44	VI20WHEEL LE 04144		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualifed	
ļ				05/11/1998	
2. Principal Pt	ace of Business	2a, Mailing Address		4. FEI Number 59-3523667	Applied For
21		28	·	1.51-33-03001	Not Applicable \$8.75 Additional
Suite, Apl.	#, etc.	Suite, Apl. #, etc.		5. Certificate of Status Desired	Fee Required
22 City & State		City & State	<u>-</u>	6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year in	tangible
24	25	29	10	Personal Property Tax.	MYes □No
	9. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	Agent
			- 61 Name		1
IBERTIS, EDESIA			82 Street Add	d.ess (P.O. Box Number is Not Acceptable)	
	WHEELHOUSE CT				
I UHL	ANDO FL 32812		83		
			84 City	Fi	85 Zip Code
					changing its registered
11, Pursuanti	to the provisions of Sections 507.050 egistered agent, or both, in the State	of Florida, Such change was aut	thorized by the corpora	rcoration submits this statement for the purpose of thon's board of directors. I hereby accept the appoint	intrant as registered
agent, I a	m familiar with, and accept the obliga	itions of, Section 607.0505, Florid	da Statutes.		
SIGNATURE	Close to the day prints i come of recipitated sour				
SIGNATURE	Signature, typed or printed name of registered age OFFICERS AI		Registered Agent signature requi		
		nt and title if applicable. (NOT) F	Registered Against signature requi	ined when reinstating) DATE	
12.	OFFICERS AN	nt and title if applicable. (NOTE: R	Registered Agent eigneture requi	ined when reinstating) DATE	
12, m.£	PSTD OFFICERS A	nt and title if applicable. (NOTE: R	tagistered Agent signature requi	ined when reinstating) DATE	
12. TITLE NAME	PSID BERTIS, EDESIA	nt and title if applicable. (MOTE: F NO DIRECTORS	13. 1.1 TITLE 12 NAME 1.3 STREET ADDRESS 1A CITY-ST-ZEP	ined when reinstating) DATE	ND DIRECTORS IN 12 [] Change
12. TITLE NAME STREET ADDRESS	PSTD BERTIS, EDESIA 911 N MAIN ST STE 9A KISSIMMEE FL 34744 VD	nt and title if applicable. (NOTE: R	13. 1.7 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZEP 2.1 TITLE	ined when reinstating) DATE	ND DIRECTORS IN 12
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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 outh; 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.

6.3 STREET ADDRESS

8.4 CITY-ST-ZIP

SIGNATURE: _

STREET ADDRESS

CITY-ST-IDP

THE PERSON NAMED IN COLUMN