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PROFIT CORPORATION ANNUAL REPORT 1999

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

FILED
99 AUG 24 AM 10:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # ~~P98A00047999~~ P98000081395

1. Corporation Name
DUAL LEGAL SERVICE/RECHTSHILFE

Principal Place of Business
2405 S BABCOCK ST
MELBOURNE FL 32901

Mailing Address
P.O. BOX 392
GRANT, FL. 32949-7336

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	3a. Mailing Address
Suite, Apt. #, etc.	Suite, Apt. #, etc.
City & State	City & State
Zip / Country	Zip / Country

4. Date Incorporated or Qualified: SEP 24, 1998
5. FEI Number: 59-3526415 ☒ Applied For ☐ Not Applicable
6. Certificate of Status Desired ☐ $8.75 Additional Fee Required
7. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees
8. This corporation owns the current year Intangible Personal Property Tax. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Anita Szczecinna
1730 CYPRESS LAKES DR.
GRANT, FL. 32949

10. Name and Address of New Registered Agent
Name
Street Address (P.O. Box Number is Not Acceptable)
City FL 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: Anita Szczecinna — Anita Szczecinna

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: President NAME: Anita Szczecinna STREET ADDRESS: 1730 CYPRESS LAKES DR. CITY-ST-ZIP: GRANT FL. 32949	☐ DELETE	☐ Change ☐ Addition
TITLE: Secretary Treasurer NAME: Anita Szczecinna STREET ADDRESS: 1730 CYPRESS LAKES DR. CITY-ST-ZIP: GRANT, FL 32949	☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	☐ 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, with all other like empowered.

SIGNATURE: Anita Szczecinna Anita Szczecinna Aug. 3. 99 (407)676-0789

CR2E034 (1998)