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

DOCUMENT # S31464 1. Corporation Name

LEGAL ASSETS, INC.

Principal Place of Business	Mailing Address		
1401 BRICKELL AVENUE	1401 BRICKELL AV SUITE 700		

FILED Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90076 050 ***150.00



Principal Place	of Business	Mailing Address		[+48314010 148 51124 11011 41810 01115 0101 01)
1401 BRICKELL	AVENUE	1401 BRICKELL AVENUE		· · · · · ·	
SUITE 700 MIAMI FL 33131		Suite 700 Miami Fl 33131		DO NOT WRITE IN T	HIS SPACE
US		US		3. Date Incorporated or Qualifed	7
				02/12/1991	
2. Principal Pla	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0243714	Not Applicable
Suite, Apt. 1	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	28 Zip	Country	8. This corporation owes the current year	
	25	├ - '	30	Personal Property Tax.	Yes \(\square\) No
24	9. Name and Address of Cu	<u></u>		10. Name and Address of New Register	red Agent
	·····		81 Name	hop Zelmail Son How A	Posteron Var
H	RISTET SACHER ZELMAN ST	ANTON PAUL & BEILE YOU'L	Am Set Street Add	ress (P.D. Box Number & Mot Actentable)	Sur Sur
1401	BRICKELL AVENUE	a della ferra	1740	I DEICHELL COUPLY	<u>e</u> . 0
SUIT	E 700	ANTON PAUL & BEILE YOR'S	83 - 5/77	re 700 -	· · · · · · · · · · · · · · · · · · ·
MIAN	11 FC 33131	b0	84 City	2:0:0	85 Zig Cqde → 1
	1/		' //	HAMI, I	-L 37/3/
11. Pursuant t	to the provisions of Sections 607	7.0502 and 807.1508, Florida Statute State :: Florida, Such change was au	s, the above-named corr thorized by the corporati	poration submits this statement for the purpos- ion's board of directors. I hereby accept the a	e of changing its registered pointment as registered
agent. I ar	egistered about, or both in the S m familian with, and accept me	oligations of Section 607.050 , For	da Statutes.	+ 1.20.00	, ,
SIGNATURE	X JOHN A.	X MATER VA	while	en when reinstating) DATE	
12.	Signature, typed or printed name of agillaria	ed agent and title if applicable. (NOTE:	Registered Agent signature require 13.	ADDITIONS/CHANGES TO OFFICERS	
TITLE	DP ()	DELETE	1.1 TITLE		Change Addition
NAME	ZELMAN, RICHARD M.		1.2 NAME	·	[]
STREET ADDRESS	1401 BRICKELL AVENUE	SUITE 700	1.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL		. 1,4 CITY-ST-ZiP		
TITLE	DVP	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition C
NAME	SACHER, BARTON S.		2.2 NAME		
STREET ADDRESS	1401 BRICKELL AVENUE	SUITE 700	2.3 STREET ADDRESS		· ·
CITY-ST-ZIP	MIAMI FL		2. 4 CITY-ST-ZIP		□ Change □ Addition
TITLE	DST	☐ DELETE	3.1 TITLE		Change Addition
NAME	STANTON, WALTER J., III		3.2 NAME		
STREET ADDRESS	1401 BRICKELL AVENEU	SUITE 700	3.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL	FINCIETE	3.4. CITY-ST-ZIP		☐ Change ☐ Addition
TITLE		☐ DELETE	4.1 TITLE		Douglas Dungling
NAME			4. 2 NAME		:
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change Addition
TITLE		- Outele	5.1 IIILE 5.2 NAME	· :	, ,
NAME			5.3 STREET ADDRESS		
STREET ADDRESS			5.4 CITY-ST-ZIP		
CITY-ST-ZIP		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
TITLE		DEECTE	6.2 NAME		
NAME STREET ADDRESS			6.3 STREET ADDRESS		
STREET ADDRESS			6.4 CITY ST 7ID		

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:

Date

Daytime Phone #