

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **S35979** (1)

1. Corporation Name

IN HOUSE LEGAL SERVICES, INC.



Principal Place of Business

**1875 E. LAKE MARY BLVD.
SANFORD FL 32773
US**

Mailing Address

**1875 E. LAKE MARY BLVD.
SANFORD FL 32773
US**

2. Principal Place of Business

21 **350 Wally Ave**

Suite, Apt. #, etc.

22 **Suites**

City & State

23 **Sanford, FL**

Zip

24 **32773**

County

25 **Seminole**

2a. Mailing Address

26 **350 Wally Ave**

Suite, Apt. #, etc.

27 **Suites**

City & State

28 **Sanford, FL**

Zip

29 **32773**

County

30 **Seminole**

3. Date Incorporated or Qualified

03/06/1991

3a. Date of Last Report

02/14/1995

4. FEI Number

59-3066334

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**TYGAR, NEIL
793 CRICKLEWOOD TERRACE
HEATHROW FL 32746**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature of Registered Agent

NOTE: Registered Agent signature required for each filing.

DATE

12. OFFICERS AND DIRECTORS

12.1 TITLE	P	☐ DELETE
12.2 NAME	RADIN, MATTHEW E	
12.3 STREET ADDRESS	1875 E. LAKE MARY BLVD.	
12.4 CITY, ST, ZIP	SANFORD FL	
12.5 TITLE		☐ DELETE
12.6 NAME		
12.7 STREET ADDRESS		
12.8 CITY, ST, ZIP		
12.9 TITLE		☐ DELETE
12.10 NAME		
12.11 STREET ADDRESS		
12.12 CITY, ST, ZIP		
12.13 TITLE		☐ DELETE
12.14 NAME		
12.15 STREET ADDRESS		
12.16 CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

13.1 TITLE	☐ Change ☐ Addition
13.2 NAME	
13.3 STREET ADDRESS	
13.4 CITY, ST, ZIP	
13.5 TITLE	☐ Change ☐ Addition
13.6 NAME	
13.7 STREET ADDRESS	
13.8 CITY, ST, ZIP	
13.9 TITLE	☐ Change ☐ Addition
13.10 NAME	
13.11 STREET ADDRESS	
13.12 CITY, ST, ZIP	
13.13 TITLE	☐ Change ☐ Addition
13.14 NAME	
13.15 STREET ADDRESS	
13.16 CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 19.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplement's 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, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/1/96

407-328-3010

Daytime Phone #

CR2E034 (12/95)