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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State

FILED Feb 20, 1999 8:00 am Secretary of State

DOCUMENT # \$89993 1. Corporation Name LEGAL RESEARCH SERVICES, INC. Principal Place of Business 350 S.W. 38TH COURT CORAL GABLES FL 33146 2. Principal Place of Business 22. Mailing Address 350 S.W. 38TH COURT CORAL GABLES FL 33146 2. Principal Place of Business 23. Date Incorporated or Qualified 10/28/1991 24. FEI Immber 65-0304548 3. Date Incorporated or Qualified 10/28/1991 25 Sutile, Apt #, etc. 26 Sutile, Apt #, etc. 27 Sutile, Apt #, etc. 28 City & State 29 Country 29 Country 20 Country 20 Country 21 State 20 State 21 Sutile, Apt #, etc. 29 Country 20 Country 20 Country 21 Sutile Conflictation of Status Desired Required Figure Required 29 Principal Place of Business 29 State 20 Sutile, Apt #, etc. 20 Sutile, Apt #, etc. 20 Sutile, Apt #, etc. 21 Sutile, Apt #, etc. 22 State 23 Sutile, Apt #, etc. 25 Country 26 Country 27 Country 28 State 29 Country 29 Country 20 State 20 State Occurrent Registered Agent O'KEEFE, JOSEFINA 3050 S.W. 38 COURT CORAL GABLES FL 33146 80 State Occurrent Registered Agent 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of. Section Statutes. 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Floridas Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligation of. Section Statutes. 12 OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 14 Corporation Statutes 15 D MANCUSO, CATENO 3050 S.W. 38 CT. CORAL GABLES FL CORAL GAB	1	1999		DIVISION OF CO	DRPORA	TIC	NS	02-20-1999 90098 024 ***150.00
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9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name and Address of New Registered Agent 12. OFFICERS AND DIRECTORS Signature, typed or printed name of registered agent and bite if applicable. 13. Name 14. City		Country		Zip	Coun	try		8. This corporation owes the current year Intangible
9. Name and Address of Current Registered Agent O'KEEFE, JOSEFINA 3050 S.W. 38 COURT CORAL GABLES FL 33146 82 Street Address (P.O. Box Number is Not Acceptable) 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, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE SIGNATURE 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE D MANCUSO, CATENO STREET ADDRESS 3050 S.W. 38 CT. CORAL GABLES FL DELETE 14 CITY-ST-ZIP TITLE DS DELETE 21 TITLE Change Addition Addition Change Addition Addition Change Addition Addition Addition Change Addition Addition Addition Change Addition Addition Change Addition Addition Change Addition Addition Change Change Change Addition Change	24	25	29	3	30			Personal Property Tax.
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SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	quired when reinstating) DATE	il suding)			
12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS A		
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CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP			C Addition
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CITY-ST-ZIP			5.4 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. CITY-ST-ZIP

SIGNATURE:

Daytime Phone #