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

PROFIT CORPORATION ANNUAL REPORT **1998**		FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS

**FILED
Jan 29 1998 8:00am
Secretary of State**

DOCUMENT # V06093   (1)

1. Corporation Name
LEGAL SYSTEM TECHNOLOGIES, INC.

Principal Place of Business	Mailing Address
2700 W CYPRESS CRK RD D107 FT. LAUDERDALE FL 33309 US	2700 W CYPRESS CRK RD D107 FT. LAUDERDALE FL 33309 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/10/1992

2. Principal Place of Business	2a. Mailing Address	**4.** FEI Number		Applied For
21	26	65-0306132		Not Applicable
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	**5.** Certificate of Status Desired ☐		**$8.75** Additional Fee Required
City & State 23	City & State 28	**6.** Election Campaign Financing Trust Fund Contribution ☐		**$5.00** May Be Added to Fees
Zip 24	Country 25	Zip 29	Country 30	**8.** This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent		**10. Name and Address of New Registered Agent**	
GREENSPOON MARDER HIRSCHFELD ET AL 100 WEST CYPRESS CREEK ROAD SUITE 700 FT. LAUDERALE FL 33309	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 607.1508, 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 _____
Signature, typed or printed name of registered agent and title if applicable.   (NOTE: Registered Agent signature required when reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	ROELOFS, J.D.		1.2 NAME		
STREET ADDRESS	2700 W CYPRESS CRK RD., #D107		1.3 STREET ADDRESS		
CITY-ST-ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 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.

SIGNATURE: _____ JEROME D. ROELOFS 1/21/98 954-984-8110
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR   Date   Daytime Phone #   0277549

CR2E034 (10/97)