FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
FILED
Secretary of State
95 MAY -1 AM 9:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **V55166** **(5)**

1. Corporate Name
PARALEGAL SERVICES OF SOUTH FLORIDA, INC.

Principal Office Address
9858 GLADES ROAD
SUITE 125
BOCA RATON FL 33434

Mailing Address
9858 GLADES ROAD
SUITE 125
BOCA RATON FL 33434

(DO NOT WRITE IN THIS SPACE)

3. Date Incorporated or Qualified: 08/04/1992
3a. Date of Last Report: 09/15/1994

2. Principal Place of Business
21

2a. Mailing Address
26

4. FEI Number: 65-0352834
Applied For ☐
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 County 25 Zip 29 County 30

8. Does corporation owe taxes, or is corporation under S. 193.022 Florida Statutes? ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

WALDEN, LINDA
9858 GLADES ROAD
SUITE 125
BOCA RATON FL 33434

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number Not Acceptable)
83
84 City **FL** 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 of the Florida Statutes, the undersigned corporation submits the following statement in the purpose of designating a registered office or registered agent, or both, in the State of Florida. The undersigned corporation agrees that it will comply with the provisions of Section 607.0505 of the Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

TITLE	D
NAME	WALDEN, LINDA
STREET ADDRESS	11849 SUNCHASE COURT
CITY, ST, ZIP	BOCA RATON FL

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS

☐ Change ☐ Addition

14. I hereby certify that the attached report, signed with the filing fee, complete, and does not qualify for the exemption stated in Section 119.07(3)(n), Florida Statutes. I further certify that the information indicated on the 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 the report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 with an office held designated.

SIGNATURE: Linda Walden
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/30/95 407-483-1124
Date Phone

0262942 CP