

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

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**Apr 06, 1999 8:00 am**  
**Secretary of State**

04-06-1999 90029 013 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # **V72019**

1. Corporation Name  
**JUST PARALEGALS, INC.**



Principal Place of Business Mailing Address  
~~1500 UNIV. DR. 3011 N.E. 127 Ct.~~ ~~1500 UNIV. DR. 3011 N.E. 127 Ct.~~  
~~237~~ ~~Williston, Fl.~~ ~~237~~ ~~Williston, Fl.~~  
~~CORAL SPRGS FL 33071~~ ~~CORAL SPRGS FL 33071~~  
 US 32696 US 32696

DO NOT WRITE IN THIS SPACE

|                                |                     |   |                                |                |
|--------------------------------|---------------------|---|--------------------------------|----------------|
| 2. Principal Place of Business | 2a. Mailing Address | 3. Date Incorporated or Qualified   | 4. FEI Number                  | Applied For    |
| 21                             | 26                  | 10/19/1992  | 65-0365744                     | Not Applicable |
| Suite, Apt. #, etc.            | Suite, Apt. #, etc. | 5. Certificate of Status Desired  | \$8.75 Additional Fee Required |                |
| 22                             | 27                  | <input type="checkbox"/>  | 5.00 May Be Added to Fees      |                |
| City & State                   | City & State        | 6. Election Campaign Financing Trust Fund Contribution                      | <input type="checkbox"/>       |                |
| 23                             | 28                  | 8. This corporation owes the current year Intangible Personal Property Tax. |                                |                |
| Zip Country                    | Zip Country         | <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                                |                |
| 24 25                          | 29 30               |   |                                |                |

|   |  |   |    |             |
|---|--|---|----|-------------|
| 9. Name and Address of Current Registered Agent   |  | 10. Name and Address of New Registered Agent          |    |             |
| GOTTLIEB, JOSEPH M<br><del>1500 UNIVERSITY DRIVE #237</del> 3011 N.E. 127 COURT<br><del>#1-25</del> Williston, Fl. 32696<br><del>CORAL SPRINGS FL 33071</del> |  | 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

| 12. OFFICERS AND DIRECTORS |  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|--|---|---|
| TITLE                      | PD <input type="checkbox"/> DELETE                     | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | GOTTLIEB, JOSEPH M                                     | 1.2 NAME  |   |
| STREET ADDRESS             | <del>1500 UNIVERSITY DR #237</del> 3011 N.E. 127 COURT | 1.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del>CORAL SPRINGS FL</del> Williston, Fl. 32696       | 1.4 CITY-ST-ZIP                                       |   |
| TITLE                      | SD <input type="checkbox"/> DELETE                     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | POLAT, BARBARA M                                       | 2.2 NAME  |   |
| STREET ADDRESS             | <del>1500 UNIVERSITY DR #237</del> 3011 N.E. 127 COURT | 2.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                | <del>CORAL SPRINGS FL</del> Williston, Fl. 32696       | 2.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                        | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 3.2 NAME  |   |
| STREET ADDRESS             |  | 3.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 3.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                        | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 4.2 NAME  |   |
| STREET ADDRESS             |  | 4.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 4.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                        | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |  | 5.2 NAME  |   |
| STREET ADDRESS             |  | 5.3 STREET ADDRESS                                    |   |
| CITY-ST-ZIP                |  | 5.4 CITY-ST-ZIP                                       |   |
| TITLE                      | <input type="checkbox"/> DELETE                        | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: Joseph M. Gottlieb Pres. 4/2/99 (352) 486-6065  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)