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Mar 25 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # L69775 (9)

1. Corporation Name
ACCU-SCRIBE, INC.



Principal Place of Business
4221 KING RICHARD DR
SARASOTA FL 34232

Mailing Address
4221 KING RICHARD DR
SARASOTA FL 34232-2524

3. Date Incorporated or Qualified 05/02/1990	3a. Date of Last Report 04/24/1996
4. FEI Number 65-0191369	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent
HUFFMAN, JUDITH
 4221 KING RICHARD DR
 SUITE 29
 SARASOTA FL 34232

10. Name and Address of New Registered Agent

81 Name LAVONA FARR
82 Street Address (P.O. Box Number is Not Acceptable) 4221 KING RICHARD DR.
83
84 City SARASOTA
85 Zip Code FL 34232

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 *LAVONA Wood FARR* *Lavona Wood Farr*
Signature of officer, director, trustee, registered agent and filer, as applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS

TITLE P	<input type="checkbox"/> DELETE
NAME WOOD, LAVONA	
STREET ADDRESS 4221 KING RICHARD DR	
CITY-ST-ZIP SARASOTA FL	
TITLE D	<input type="checkbox"/> DELETE
NAME WOOD, LAVONA	
STREET ADDRESS 4221 KING RICHARD DR	
CITY-ST-ZIP SARASOTA FL	
TITLE ST	<input checked="" type="checkbox"/> DELETE
NAME HUFFMAN, JUDITH	
STREET ADDRESS 4221 KING RICHARD DR	
CITY-ST-ZIP SARASOTA FL	
TITLE V	<input type="checkbox"/> DELETE
NAME DULL, MARIA	
STREET ADDRESS 6939 W. COUNTRY CLUB DR., N#255	
CITY-ST-ZIP SARASOTA FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME FARR, LAVONA WOOD	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME FARR, LAVONA WOOD	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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 or Block 14 or on an attachment with an address.

SIGNATURE: *Lavona Wood Farr* **LAVONA WOOD FARR**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (9/96)