



**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

DOCUMENT # **P93000029676 (2)**

1. Corporation Name

**A-1 COURT REPORTING SERVICES, INC.**

Principal Place of Business

Mailing Address

**347 SOUTHWEST 30TH AVENUE  
DEERFIELD BEACH FL 33442**

**347 SOUTHWEST 30TH AVENUE  
DEERFIELD BEACH FL 33442**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **04/21/1993** 3a. Date of Last Report **05/01/1994**

2. Principal Place of Business

2a. Mailing Address

4. FEI Number **65-0410139** Applied For  Not Applicable

State, Apt. # etc.

State, Apt. # etc.

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

City & State

City & State

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

Zip

County

Zip

County

8. This corporation has liability for alternate tax under 5 1993 USFL Florida Statute.  Yes  No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HENRY, GAIL J  
347 SOUTHWEST 30TH AVENUE  
DEERFIELD BEACH FL 33442**

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

B3

B4 City

**FL**

B5

Zip Code

11. Pursuant to the provisions of sections 607.0902 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 Sections 607.0902, 607.1508, Florida Statutes.

SIGNATURE

Signature of Registered Agent (Required for all Corporations)

Signature of Registered Agent (Required for all Corporations)

Signature

12. OFFICERS AND DIRECTORS

OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE

**P  
HENRY, GAIL J  
347 S.W. 30TH AVE  
DEERFIELD BEACH FL 33442**

1.1 TITLE

Change  Addition

2. NAME

1.2 NAME

3. STREET ADDRESS

1.3 STREET ADDRESS

4. CITY, ST, ZIP

1.4 CITY, ST, ZIP

1. TITLE

2.1 TITLE

Change  Addition

2. NAME

2.2 NAME

3. STREET ADDRESS

2.3 STREET ADDRESS

4. CITY, ST, ZIP

2.4 CITY, ST, ZIP

1. TITLE

3.1 TITLE

Change  Addition

2. NAME

3.2 NAME

3. STREET ADDRESS

3.3 STREET ADDRESS

4. CITY, ST, ZIP

3.4 CITY, ST, ZIP

1. TITLE

4.1 TITLE

Change  Addition

2. NAME

4.2 NAME

3. STREET ADDRESS

4.3 STREET ADDRESS

4. CITY, ST, ZIP

4.4 CITY, ST, ZIP

1. TITLE

5.1 TITLE

Change  Addition

2. NAME

5.2 NAME

3. STREET ADDRESS

5.3 STREET ADDRESS

4. CITY, ST, ZIP

5.4 CITY, ST, ZIP

1. TITLE

6.1 TITLE

Change  Addition

2. NAME

6.2 NAME

3. STREET ADDRESS

6.3 STREET ADDRESS

4. CITY, ST, ZIP

6.4 CITY, ST, ZIP

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.02(1)(b), Florida Statutes. I further certify that the information included 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, not changed, or on an attachment with no address.

SIGNATURE:

*Gail J. Henry* President  
Gail J. Henry

April 21, 1995

428-2323

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APPROVED AND FILED

STATE OF FLORIDA  
DEPARTMENT OF REVENUE



DEPARTMENT OF REVENUE  
TALLAHASSEE, FLORIDA

1995

DOCUMENT # P93000030059 (8)

O.T.J., INC.

APR 20 1995  
RECEIVED  
TALLAHASSEE, FLORIDA

SONESTA BEACH HOTEL  
350 OCEAN DRIVE  
KEY BISCAYNE FL 33149

SONESTA BEACH HOTEL  
350 OCEAN DRIVE  
KEY BISCAYNE FL 33149

3. Effective Date of Registration: 04/20/1993  
3a. Expiration Date of Registration: 10/28/1994

4. Telephone Number: 65-0441374  
Applied For:  Not Applicable:

5. Licensee's Address (Required):  \$8.75 Additional Fee Required  
 Not Applicable

6. Licensee's Outgoing Telephone:  \$5.00 May Be Added to Fees  
 Not Applicable

7. The licensee has liability for a registration fee under the provisions of the statute:  Yes  No

2. Licensee's Name: Sonesta Beach Hotel  
21. Address: 8951 S.W. 21st  
22. City: Miami Fla.  
23. State: Miami Fla.  
24. ZIP: 33149 25. Country: U.S.A. 29. Licensee's ID: 33165 30. Licensee's Type: YLSA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TEJEDA, OSCAR  
8951 S.W. 21ST STREET  
MIAMI FL 33165

81. Name  
82. Street Address (Not by a Telephone Not Applicable)  
83.  
84. City  
85. State: FL

11. I hereby certify that the information furnished herein is true and correct. I understand that the State of Florida is authorized to publish and disseminate this information to the public and that I understand that the State of Florida is authorized to publish and disseminate this information to the public and that I understand that the State of Florida is authorized to publish and disseminate this information to the public.

12. P  
TEJEDA, OSCAR A  
8951 SW 21ST ST.  
MIAMI FL 33165

13. [Empty registration table with columns for Name, Address, City, State, ZIP, and Licensee's ID]

14. I hereby certify that the information furnished herein is true and correct. I understand that the State of Florida is authorized to publish and disseminate this information to the public and that I understand that the State of Florida is authorized to publish and disseminate this information to the public.

SIGNATURE: Oscar A. Tejada  
SIGNATURE AND TYPE IN PRINT (NAME OF SIGNING OFFICER OR DIRECTOR)

4/27/95 5536878