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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000025700 (1)

MARLA S. ARROW COURT REPORTING, INC.

Principal Place of Business

Mailing Address

9903 N.W. 2ND STREET PLANTATION FL 33324 9903 N.W. 2ND STREET PLANTATION FL 33324-724

## FILED Apr 28 1997 8:00am Secretary of State



FLANIAIRA	-L 33324	FLANIATION FL 90024	r124U			Į.			
						3. Date Incorporated or Qualified 03/18/1996	<b>3a.</b> Da	ite of Last R	eport
2. Principal Place of Business 2a. Mailing Address						4. FEI Number	.1	Ar	plied For
21		26				65-0711756 Not Applic			ot Applicable
Sulte, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired		<b>\$8.75</b> Additional Fee Required		
City & Stat	е	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution				
Zip	Country	Zip	Cou	iritry	·	8. This corporation has liability for i	ntangible	tax under s	. 199.032,
24	25	29	30			Florida Statutes	] Yes [	] No	
	9, Name and Address of Curre	nt Registered Agent			,	10. Name and Address of New Re	lstered .	Agent	
	row, Marla S			Bi	Name				
	3 N.W. 2ND STREET NTATION FL 33324				Street Add	ddress (P.O. Box Number is Not Acceptable)			
	HIMHOIT I COOKT			83					
				84	City		FL	<b>85</b> Zip	Code
				<u> </u>		poration submits this statement for the p			
agent. I a	m familiar with, and accept the oblig					ation's board of directors. Thereby acception is board of directors. Thereby acception is board of directors and the second of t	DATE		
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRECTOR	RS IN 12
TITLE	PVST	DELETE	1.1 11	TLE				☐ Change	Addition
NAME	ARROW, MARLA S		1.2 N/	AME					
STREET ADDRESS	9903 N.W. 2ND STREET		1.3 ST	IREET	ADDRESS				
CITY-ST-ZIP	PLANTATION FL 33324		1.4 CI	1.4 CITY-ST-ZIP					
TITLE	☐ D£LETE		2.1 71	2.1 THE				Change	Addition
NAME			2.2 N/	AME		•			
STREET ADDRESS			2.3 S1	IRE£1	ADDRESS				
CITY-ST-ZIP			2.4 C	(1 <b>Y</b> - 9	S1-7IP				
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NAME			3.2 N/	AM <del>E</del>					
STREET ADDRESS			3.3 \$1	IREET	ADDRESS				
CITY-ST-ZIP					S1 · ZIP			7	
TITLE	1	☐ DELETE	4 t T/					☐ Change	☐ Addition
NAME			4 2 N						
STREET ADDRESS					ADDRESS				
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NAME		L. phti t	5.2 N/		-			onange	AGGIIGII
			1		ADDRESS				
STREET ADDRESS			1						
CITY-ST-ZIP TITLE	<del>                                     </del>	DELETE	5.4 CI 6.1 TI		ST-ZIP			Change	Addition
NAME		Ditter	6.2 N		-				
STREET ADDRESS					ADDRESS				
CITY-ST-ZIP					SI - 7IP				
0111-01-21	L		046	0.11	an - CIF				

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 riame appears in Block 12 or Block 13 if changed, or on an attachmom with an address.

CICALATUDE.

sharla Siller

W MADIA S. APPAN

064.4711.7876