

FILED
May 13, 1999 8:00 am
Secretary of State

05-13-1999 90021 040 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 478602 OK2
1. Corporation Name
Certified Shorthand Reporters, Inc.

Principal Place of Business
19 W Flagler St M-101
Miami FL 33130

Mailing Address
19 W Flagler St M-101
Miami FL 33130

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 06/09/75	
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 59-1603299		Applied For ☐ Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired ☐		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. This corporation owes the current year Intangible Personal Property Tax. ☒ Yes ☐ No	
9. Name and Address of Current Registered Agent Howard Warren 19 W Flagler St M-101 Miami FL 33130				10. Name and Address of New Registered Agent	
				81. Name	
				82. Street Address (P.O. Box Number is Not Acceptable)	
				83. City	
				84. City	
				85. Zip Code	

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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

Signature, typed or printed name of registered agent and fee if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P.D.	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition	
NAME	Warren, Howard		1.2 NAME		
STREET ADDRESS	19 W Flagler St M-101		1.3 STREET ADDRESS		
CITY-ST-ZIP	Miami FL 33130		1.4 CITY-ST-ZIP		
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition	
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition	
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition	
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition	
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

X SIGNATURE: Howard F. Warren / Howard F. Warren 4/27/99 305-374-6545

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Typed Name