

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F32439** (4)  
1. Corporation Name  
**OFFICIAL REPORTING SERVICE, INC.**



Principal Place of Business Mailing Address  
**100 NE 3 AVE** **100 NE 3 AVE**  
**S790** **S790**  
**FT. LAUDERDALE FL 33301** **FT. LAUDERDALE FL 33301**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/20/1981</b>		3a. Date of Last Report <b>04/25/1995</b>	
21		26		4. FEI Number <b>59-2088793</b>		Applied For Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	

9. Name and Address of Current Registered Agent

**JOLLY, BRUCE W**  
**1322 S.E. 3RD AVENUE**  
**FT. LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	SDT	<input type="checkbox"/> DELETE		1.1 TITLE	PDS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BRUENS, PATRICE WALDEN			1.2 NAME	BRUENS, PATRICE WALDEN		
STREET ADDRESS	1281 SW 20 AVE			1.3 STREET ADDRESS	1281 SW 20 AVE		
CITY-ST-ZIP	BOCA RATON FL			1.4 CITY-ST-ZIP	BOCA RATON, FL 33486		
TITLE	PDS	<input type="checkbox"/> DELETE		2.1 TITLE	SDT	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RENDINA, BARBARA PISTEY			2.2 NAME	RENDINA, BARBARA PISTEY		
STREET ADDRESS	2530 NE 8TH ST			2.3 STREET ADDRESS	2530 NE 8TH ST		
CITY-ST-ZIP	FT LAUDERDALE, FL 00000			2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33304		
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, unchanged, or on an attachment with an address.

SIGNATURE:

*Patrice Bruens*  
PATRICE BRUENS, PRESIDENT

4-24-96

Date

954-467-8204

Daytime Phone #

CR2E034 (12/95)