

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

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Apr 30 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F32439** (4)

1. Corporation Name
OFFICIAL REPORTING SERVICE, INC.



Principal Place of Business 100 NE 3 AVE S780 FT. LAUDERDALE FL 33301	Mailing Address 100 NE 3 AVE S780 FT. LAUDERDALE FL 33301-1176
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3. Date Incorporated or Qualified 04/20/1981	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 524 So. ANDREWS AVENUE Suite, Apt. #, etc. 22 102 N City & State 23 FT. LAUDERDALE, FL Zip Country 24 33301 25 U.S.A	2a. Mailing Address 26 524 So. ANDREWS AVENUE Suite, Apt. #, etc. 27 102 N City & State 28 FT. LAUDERDALE, FL Zip Country 29 33301 30 USA
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4. FEI Number 59-2088793	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	

9. Name and Address of Current Registered Agent JOLLY, BRUCE W 1322 S.E. 3RD AVENUE FT. LAUDERDALE FL 33316	
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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	PDS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRUENS, PATRICE WALDEN	1.2 NAME	
STREET ADDRESS	1281 SW 20 AVE	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	1.4 CITY-ST-ZIP	
TITLE	SDT <input checked="" type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RENDINA, BARBARA PISTEY	2.2 NAME	
STREET ADDRESS	2530 NE 8TH ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE, FL 00000	2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	PAMELA A. BOWSER
STREET ADDRESS		3.3 STREET ADDRESS	2811 VILLAGE BOULEVARD # 304
CITY-ST-ZIP		3.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	VICE PRESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	KITTY K. BRUENS
STREET ADDRESS		4.3 STREET ADDRESS	5123 NW 27 ST
CITY-ST-ZIP		4.4 CITY-ST-ZIP	MARGATE, FL 33063
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	TREASURER <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		5.2 NAME	ROSALIE INGRAM
STREET ADDRESS		5.3 STREET ADDRESS	101 BRINY AVE # 301
CITY-ST-ZIP		5.4 CITY-ST-ZIP	POMPANO BEACH, FL 33062
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 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.

SIGNATURE:

Rosalie Ingram **Treas.** 4-24-97 954-467-8204
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)