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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # F71047

1. Corporation Name

(7)

JUSTICE REPORTING SERVICE, INC.

OUTION THE OTHER OF THE PARTY O									
Principal Place of Business Mailing Address									
	rews aveste.300 RDALE FL 33301		600 S.ANDREWS AVESTE.300 FT LAUDERDALE FL 33301						
						3. Date incorporated or Qualified 03/16/1982	3a. Date <b>04</b>	of Last /12/19	
	Place of Business	2a. Mailing Address				4. FEI Number 59-2195137			Applied For
21	A M	26   Suite, Apt. #, etc.						\$8.7	Not Applicable  5 Additional
Suite, Apt	i. #, <del>U</del> ic.		27			5. Certificate of Status Desired		T	Required
City & Sta	ale	City & State				Election Campaign Financing     Trust Fund Contribution			00 May Be ed to Fees
Zip	Country	<b>→</b>		Country		B. This corporation has liability for intangible tax under s 199.032,     Florida Statutes			
24	25	29	30			Florida Statutes X Yes  10. Name and Address of New R		l cont	
	g. Name and Address of Cur	rent Registered Agent		B1	Name	10. Name and Address of New H	egistered	Agent .	
A=114	o								
STUAF	RT, GLORIA Andrews, Ste 300			82	Street Addre	Street Address (P.O. Box Number is Not Acceptable)			
	UDERDALE FL 33301			83					
1160	ODENDALE VE GOOD.		-	84	City			85	Zip Code
				1	•	ation submits this statement for the pu d of directors. I hereby accept the app	FL		,
SIGNATURE	Signature typed or printed name of registerno a	god and their applicable (No AND DIRECTORS	O'E Registered a	Agr#1	signature required	wher reinability) ADDITIONS/CHANGES TO OFF			
112.	PD	DELETE		1. 1 TITLE		7,5511101107071111011011011011011		Chang	
NAME	STUART, GLORIA		1.2 NA	ME					
STREET ADDRES			1.3 ST	REFT	ADDRESS				
CITY-ST-ZIP	FT LAUDERDALE FL				T - ZIP			Chang	e
TITLE	VD PARTON KAREN			2 1 TITLE 2.2 NAME			L	onling	c [] Abbition
NAME STREET ADDRES	AAA O AMODONIA AME		1 -	2.3 STREET ADDRESS					
CITY-ST-ZIP	FT LAUDERDALE FL			2.4 CITY - ST - ZIP					
TITLE				3. 1 TITLE			[	Chang	e 🔲 Addition
NAME			3.2 NA			·			
STREET ADDRES	SS				ADDRESS				
CITY - ST - ZIP					1 - ZIP			Chang	e 🔲 Addition
TITLE NAME		E DECLIFE	4 1 TI 4 2 NA				•		<b></b>
STREET ADDRES	ss				ADDRESS				
CITY-ST-ZIP			4.4 C1						
TITLE		☐ DELE1E		5 1 THTLE			I	Chang	e 🔲 Addition
NAME			5.2 NA						
STREET ADDRES	SS				ADDRESS				
CITY-ST-2IP				5.4 CHY-ST-ZIP 6. 1 TITLE				Chang	ge [] Addition
TITLE		புகள்	6.1 N				'		,
NAME STREET ADDRES	20				ADDRESS				
CITY_ST_ZIP			640	IIY-S	ST-ZIP				
14, I do he	reby certify that the Information suppl	ied with this filing is voluntarily fu	rnished and	doo	s not qualify for	or the exemption stated in Section 119	9.07(3)(k), Fi	orida Sta	atutes. I further

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 supplied renoral 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 attrichment with an address.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

5/17/96 (954) Doyline Profile 4