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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT #
1. Corporation Name

H22468

(3)

JOSEP	'H S. SCHWARTZ COURT	REPORTING, INC.				
Principal Place o	of Business	Mailing Address	· · · · · · · · · · · · · · · · · · ·		<u>de 1811 bigin bibin brasi dibin bibin bibin 1801</u>	
C/O JOSEPH S. SCHWARTZ 19 W FLAGER ST STE 412 MIAMI FL 33130		C/O JOSEPH S. SCHWARTZ 19 W FLAGER ST STE 412 MIAMI FL 33130				
				3. Date Incorporated or Qualified 09/24/1984	3a. Date of Last Report 03/03/1995	
2. Principal Place	ce of Business	2a. Mailing Address	14100 NE	4. FEI Number 59-2478449	Applied For Not Applicable	
Suite, Apt. #,	etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State		28 Do HiAM	i P. b-Pl	Election Campaign Financing Trust Fund Contribution	S5.00 May Be Added to Fees	
Zip 4	Country 25	29 ZIP33162	30) OF	8. This corporation has liability for Florida Statutes Yes		
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New R	egistered Agent	
			81 Name			
SCHWARTZ, JOSEPH S. 19 W FLAGLER ST				ess (P.O. Box Number is Not Acceptab	le)	
	P BIŞCAYNE BLDG		83	83		
MIAMI F			1		Ta-1 7 6 1	
100 000	2 00 100		84 City		FL 85 Zip Code	
or registered	the provisions of Sections 607,050 d agent, or both, in the State of Flor , and accept the obligations of, Sec	ida. Such chance was authorized	s, the above-named corpora d by the corporation's boar	ation submits this statement for the pur d of directors. I hereby accept the appo	pose of changing its registered office bintment as registered agent. I am	
SIGNATURESI	gnature, typed or printed name of registered age:	it and title if applicable. (NOTE	E. Registered Agent signature required	when reinstaling)	DATE	
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFF		
TITLE	PD	☐ DELETE	1. 1 TITLE		Change Addition	
NAME	SCHWARTZ, JOSEPH S.		1.2 NAME			
STREET ADDRESS	19 W FLAGLER ST, STE 4	12	1.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	DELETE	1.4 C(TY-ST-ZIP 2 1 TITLE		Change Addition	
TITLE	S SCHWARTZ, LINDA	Dotteit	2 1 MILE 2 2 NAME		Change Addition	
NAME STREET ADDRESS	19 W FLAGLER ST, STE 4	19	2.3 STREET ADDRESS			
CITY-ST-ZIP	MIAMI FL	12	2.4 CITY - ST - ZIP			
TITLE	MINIMI L	DELETE	3 1 TITLE		Change Addition	
NAME			3 2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CHTY - ST - ZIP			3 4 CITY - ST - ZIP			
THTLE	· · · · · · · · · · · · · · · · · · ·	☐ DELETE	4. 1 TOTLE		Change Addition	
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREET ADORESS			
CHY-ST-ZIP			4.4 CITY - ST- ZIP			
Trīlē		☐ DELETE	5 1 TITLE		Change Addition	
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADORESS			
CITY - ST - ZIP	· · · · · · · · · · · · · · · · · · ·	FIDELETE	5.4 CITY - ST - 7IP		Change C 4420	
TITLE		☐ DELETE	6 1 THTLE		Change Addition	
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET ADDRESS			
CITY-ST-ZIP	certify that the information supplied	with this filing is voluntarily formis	hed and does not qualify for	or the exemption stated in Section 119.	07/3)(k). Florida Statutes I further	
certify that t oath; that I	he information indicated on this and	lual report or supplemental annul oration or the receiver or trustee	al report is true and accural empowered to execute this	te and that my signature shall have the s report as required by Chapter 607, Fig.	same legal effect as if made under	

SIGNATURE:

3794751