FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 MAY -1 AM 10:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # J95392 (3)

1. Corporation Name
FLORIDA TRANSCRIBERS, INC.

Principal Place of Business	Mailing Address
8537 WINDY CIR BOYNTON BEACH FL 33437 US	8537 WINDY CIR BOYNTON BEACH FL 33437 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/28/1987
3a. Date of Last Report: 04/18/1994

2. Principal Place of Business
21 1401 VILLAGE BLVD.
Suite, Apt. #, etc.
22 APT. 1817
City & State
23 WEST PALM BEACH, FLA
Zip 24 33409 Country 25 USA

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 59-2842481 ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

CAPRARO, TERESA A.
8537 WINDY CIR
BOYNTON BEACH FL 33437

10. Name and Address of New Registered Agent

81 Name: TERESA A. CAPRARO
82 Street Address (P.O. Box Number Is Not Acceptable): 1401 VILLAGE BLVD.
83: APT. 1817
84 City: WEST PALM BEACH FL 85 Zip Code: 33409

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 (X) Teresa A. Capraro 4/18/95
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	PT	1.1 TITLE		☒ Change ☐ Addition
NAME	CAPRARO, TERESA A.	1.2 NAME		
STREET ADDRESS	8537 WINDY CIR	1.3 STREET ADDRESS	1401 VILLAGE BLVD - APT. 1817	
CITY-ST-ZIP	BOYNTON BEACH FL	1.4 CITY-ST-ZIP	WEST PALM BEACH, FL 33409	
TITLE	V	2.1 TITLE		☒ Change ☐ Addition
NAME	CAPRARO, THOMAS J.	2.2 NAME		
STREET ADDRESS	8537 WINDY CIR	2.3 STREET ADDRESS	1401 VILLAGE BLVD - APT. 1817	
CITY-ST-ZIP	BOYNTON BEACH FL	2.4 CITY-ST-ZIP	WEST PALM BEACH, FLA 33409	
TITLE	S	3.1 TITLE		☐ Change ☐ Addition
NAME	BLACHARD, LORAIL S.	3.2 NAME		
STREET ADDRESS	1714 KIMBERLY CT	3.3 STREET ADDRESS		
CITY-ST-ZIP	TIFTON GA	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS	REMITTED BY MAY 1	
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME	$87.50	
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)(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: T Capraro (THOMAS J. CAPRARO) 4/18/95 407-697-4966
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0244466 CR