

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

FILED

Feb 25 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # K59336 (3)

1. Corporation Name

ATLANTIC COURT REPORTING, INC.

Principal Place of Business

600 W. HILLSBORO BLVD., SUITE 300
DEERFIELD BEACH FL 33441

Mailing Address

600 W. HILLSBORO BLVD., SUITE 300
DEERFIELD BEACH FL 33441-1609

1499 W. PALMETTO PARK ROAD

2. Principal Place of Business

21 1499 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

22 167

City & State

23 BOCA RATON FL

Zip

24 33486

Country

25 PALM BEACH

2a. Mailing Address

26 1499 W. PALMETTO PARK RD.

Suite, Apt. #, etc.

27 Ste 167

City & State

28 BOCA RATON FL

Zip

29 33486

Country

30 PALM BEACH

3. Date Incorporated or Qualified

01/19/1989

3a. Date of Last Report

06/04/1996

4. FEI Number

65-0102907

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

SULLIVAN, A. THOMAS
SUITE 300- 600 W. HILLSBORO BLVD.
DEERFIELD BEACH FL 33441

10. Name and Address of New Registered Agent

81 Name

A. THOMAS SULLIVAN

82 Street Address (P.O. Box Number is Not Acceptable)

1499 W. PALMETTO PARK RD, Ste 167

83

84 City

BOCA RATON

FL

85 Zip Code

33486

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, of 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

Thomas Sullivan President

2/19/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input type="checkbox"/> DELETE
NAME	SULLIVAN, THOMAS	
STREET ADDRESS	600 WEST HILLSBORO BLVD.	
CITY-ST-ZIP	DEERFIELD BCH. FL	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	VAN DONGE, ROBERT	
STREET ADDRESS	600 W. HILLSBORO	
CITY-ST-ZIP	DEERFIELD BEACH FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	THOMAS SULLIVAN D.P.	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	1499 W. PALMETTO PARK RD, Ste 167	
1.3 STREET ADDRESS	BOCA RATON FL 33486	
1.4 CITY-ST-ZIP		
2.1 TITLE	VAN DONGE ROBERT VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	1499 W. PALMETTO PARK RD, Ste 167	
2.3 STREET ADDRESS	BOCA RATON FL 33486	
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
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:

Thomas Sullivan

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

Daytime Phone #

2-19-97 561-750-5010

0321651

CR2E034 (9/96)