

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

CORPORATION
ANNUAL REPORT
1995 5-1-95



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

APPROVED
AND
FILED

MAY -1 PM 8:59

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L12740 (1)

1. Corporation Name

THE FLORIDA COURT REPORTING COMPANY

Principal Place of Business

1801 AUSTRALIAN AVENUE SOUTH
SUITE 104
WEST PALM BEACH FL 33409

Mailing Address

1801 AUSTRALIAN AVENUE SOUTH
SUITE 104
WEST PALM BEACH FL 33409

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified 08/29/1989	3a. Date of Last Report 02/07/1994
4. FEI Number 65-0142091	Applied For <input type="checkbox"/> 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. 109.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Same as above	26. Same as above
22. Suite, Apt #, etc	27. Suite, Apt #, etc
23. City & State	28. City & State
24. Zip	29. Zip
25. Country	30. Country

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HAINES, JANET HARGRAVE 1801 AUSTRALIAN AVE. S. SUITE 104 WEST PALM BEACH FL 33401	B1 Name
	B2 Street Address (P O Box Number is Not Acceptable)
	B3
	B4 City
	B5 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: *Sandra B. Morham* (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERS, JONATHAN D.	1.2 NAME	
STREET ADDRESS	1801 AUSTRALIAN AVE. S.	1.3 STREET ADDRESS	1818 Australian Ave. So. #530
CITY ST ZIP	WEST PALM BEACH FL	1.4 CITY ST ZIP	West Palm Beach, FL 33409
TITLE	T	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEATHERS, BONNE M.	2.2 NAME	
STREET ADDRESS	1801 AUSTRALIAN AVE. S.	2.3 STREET ADDRESS	1818 Australian Ave. So. #500
CITY ST ZIP	WEST PALM BEACH FL	2.4 CITY ST ZIP	West Palm Beach, FL 33409
TITLE	S	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	THOMASSON, GERALDINE	3.2 NAME	
STREET ADDRESS	1801 AUSTRALIAN AVE. S.	3.3 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	3.4 CITY ST ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WITTERS, CLAUDIA PRICE	4.2 NAME	
STREET ADDRESS	1801 AUSTRALIAN AVE. S.	4.3 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	4.4 CITY ST ZIP	
TITLE	VP	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAINES, JANET HARGRAVE	5.2 NAME	
STREET ADDRESS	1801 AUSTRALIAN AVE. S.	5.3 STREET ADDRESS	
CITY ST ZIP	WEST PALM BEACH FL	5.4 CITY ST ZIP	
TITLE		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 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 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 of this report, or as an attachment with an address.

SIGNATURE: *Claudia Price Witters* (Date) *1/11/95*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Title) *Claudia Price Witters, Pres.* (Signature) *407-624-6252*