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

NAME

TITLE

NAMÉ

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

**FILED** Feb 18 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1997 DIVISION OF CORPORATIONS (9)**DOCUMENT # L33319** AMERICAN TRANSCRIBING SERVICE, INC. Principal Place of Business Mailing Address 1948 NE 151ST ST P O BOX 630242 N. MIAMI FL 33162 MIAMI FL 33163-0242 3. Date Incorporated or Qualified 3a. Date of Last Report 12/01/1989 04/24/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 65-0174040 26 Not Applicable Suite, Apt #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zιρ Country Zip Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 Yes No 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent YOUNG, BERNARD, R. E. 81 241 SEVILLA AVENUE, STE 100 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 Zip Code 85 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 Signature, typed or printed name of registered agent and tille if applicable (NOTE Registered Agent signature required when reinstating) DATE 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE 1.1 TITLE Change . BAST, TERRY D. NAME 1.2 NAME 3557 N.E. 171ST ST. STREET ADDRESS 1.3 STREET ADDRESS N. MIAMI BEACH FL CITY - ST - ZIP 14 CITY-ST-ZIP ALES/06N+ DELETE DT.F Change 21 TITLE Addition TERRY D. BAS! NAME 2.2 NAME 3567 N.E. 171 St St STREET ADDRESS 23 STREET ADDRESS N. MIAMI BEACH, Fr. 33/60 CITY-ST-ZIP 2. 4 CiTY-ST-ZIP TITLE SGCRETARY-TREASURER DELETE 3.1 TITLE Change Addition Phul S. BAST NAME 3.2 NAME 3557 N.E. 1718'St. STREET ADDRESS 3.3 STREET ADDRESS N. MAMI BEAUL, FI. 83160 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE ☐ Addition 4.1 TITLE Change NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE TITLE 5.1 TITLE Addition

96/6)

Change

Addition

64 CHY-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 acrual 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 dorporation 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 it changed, or on an attachment with an address.

5.2 NAME

6 1 TITLE

6.2 NAME

DELETE

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5 4 CITY - ST-ZIP