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PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L33319

1. Corporation Name

AMERICAN TRANSCRIBING SERVICE, INC.

Principal Place of Business

1948 NE 151ST ST
N. MIAMI FL 33162
US

Mailing Address

P O BOX 630242
MIAMI FL 33163
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/01/1989

4. FEI Number

65-0174040

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 owes the current year Intangible
Personal Property Tax.

☒ Yes

☐ No

2. Principal Place of Business

21 3721 NORTH PARK ROAD
Suite, Apt. #, etc.

2a. Mailing Address

26 P.O.B. 813877
Suite, Apt. #, etc.

City & State

23 Hollywood FL.

City & State

28 Hollywood FL.

Zip

24 33021 25 U.S.A

Zip

29 33081 30 USA

9. Name and Address of Current Registered Agent

YOUNG, BERNARD. R. E
241 SEVILLA AVENUE, STE 100
CORAL GABLES FL 33134

10. Name and Address of New Registered Agent

81 Name

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

83

84 City

FL

85 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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME BAST, TERRY D.
STREET ADDRESS 3557 N.E. 171ST ST.
CITY-ST-ZIP N. MIAMI BEACH FL

TITLE P ☐ DELETE

NAME BAST, TERRY D
STREET ADDRESS 3557 NE 171ST ST
CITY-ST-ZIP N MIAMI BCH FL

TITLE ST ☐ DELETE

NAME BAST, PAUL S
STREET ADDRESS 3557 NE 171ST ST
CITY-ST-ZIP N MIAMI BCH FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 3721 NORTH PARK ROAD
1.4 CITY-ST-ZIP HOLLYWOOD FL. 33021

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS 3721 NORTH PARK ROAD
2.4 CITY-ST-ZIP HOLLYWOOD FL. 33021

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS 3721 NORTH PARK ROAD
3.4 CITY-ST-ZIP HOLLYWOOD FL. 33081

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I 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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

1-19-99 954-989-1191

CR2E034 (1/198)