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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 14 AM 8:24

DOCUMENT # L60822 (8)

1. Corporation Name
FLORIDA STENOGRAPHERS, INC.

Principal Place of Business
305 BISHOP RD
N LAUDERDALE FL 33068-3928

Mailing Address
7101 SPORTSMANS DR.
N LAUDERDALE FL 33068-3928
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/26/1990
3a. Date of Last Report: 04/13/1994

2. Principal Place of Business (21)
2a. Mailing Address (26): 232 N.E. 16 STREET

(22) State, Apt. #, etc.
(27) State, Apt. #, etc.

(23) City & State
(28) City & State: FT. LAUDERDALE, FL

(24) City (25) Country
(29) Zip: 33301 (30) Country: BROWARD

4. FEI Number: 65-0185361 ☐ 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 was liable for intangible tax under S. 199.032, Florida Statutes ☑ Yes ☐ No

9. Name and Address of Current Registered Agent

CASE, JOHN W.
2810 E OAKLAND PARK BLVD
SUITE 102
FT LAUDERDALE FL 33306

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: (Type or Print Name of Person Signing) (Title: Registered Agent, Officer or Director) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
(21)	DPS	11 TITLE	☐ Change ☐ Addition
(22)	CHANDLER, KIMBERLY A.	12 NAME	
(23)	305 BISHOP RD	13 STREET ADDRESS	
(24)	N LAUDERDALE FL	14 CITY-ST-ZIP	
(21)	T	21 TITLE	☐ Change ☐ Addition
(22)	CHANDLER, KIMBERLY A.	22 NAME	
(23)	305 BISHOP RD	23 STREET ADDRESS	
(24)	N LAUDERDALE FL	24 CITY-ST-ZIP	
(21)		31 TITLE	☐ Change ☐ Addition
(22)		32 NAME	
(23)		33 STREET ADDRESS	
(24)		34 CITY-ST-ZIP	
(21)		41 TITLE	☐ Change ☐ Addition
(22)		42 NAME	
(23)		43 STREET ADDRESS	
(24)		44 CITY-ST-ZIP	
(21)		51 TITLE	☐ Change ☐ Addition
(22)		52 NAME	
(23)		53 STREET ADDRESS	
(24)		54 CITY-ST-ZIP	
(21)		61 TITLE	☐ Change ☐ Addition
(22)		62 NAME	
(23)		63 STREET ADDRESS	
(24)		64 CITY-ST-ZIP	

14. I 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 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 13 above, or on an attachment with an address.

SIGNATURE: Kimberly N. Chandler KIMBERLY N. CHANDLER 3/7/95 305-525-4119
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Daytime Phone #)

0111076 CP