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 APR -3 PM 5:21

DOCUMENT # **M12249** **(2)**

1. Corporation Name
INDEPENDENT COURT REPORTING, INC.

Principal Place of Business	Mailing Address
224 DATURA STREET 4TH FLOOR-HARVEY BUILDING WEST PALM BEACH FL 33401	224 DATURA STREET 4TH FLOOR-HARVEY BUILDING WEST PALM BEACH FL 33401

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 03/07/1985
3a. Date of Last Report: 01/21/1994

2. Principal Place of Business (21): Suite, Apt. #, etc. (22): City & State (23): Zip (24): Country (25)

2a. Mailing Address (26): Suite, Apt. #, etc. (27): City & State (28): Zip (29): Country (30)

4. FEI Number: 59-2502710 ☐ 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

PICKETT, DON
330 CLEMATIS STREET
SUITE #201
WEST PALM BEACH FL 33401

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, Type or Printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	PSD ☒ Change ☐ Addition
NAME	BROWN, KAREN	12 NAME	Brown, Karen
STREET ADDRESS	229 POE DRIVE	13 STREET ADDRESS	229 Poe Drive
CITY ST ZIP	PALM SPRINGS FL	14 CITY-ST-ZIP	Palm Springs FL
TITLE	VD	21 TITLE	VTD ☒ Change ☐ Addition
NAME	LEONHART, TERESA Y.	22 NAME	Leonhart, Teresa Y.
STREET ADDRESS	4054 HOLLY DR	23 STREET ADDRESS	4054 Holly Dr
CITY ST ZIP	PALM BCH GARDENS FL	24 CITY ST ZIP	Palm Beach Gardens, FL
TITLE	STD	31 TITLE	XX Change ☐ Addition
NAME	PLEASANTON, ANN MARIE	32 NAME	
STREET ADDRESS	1520 LANGFORD DRIVE	33 STREET ADDRESS	Resigned/no longer officer or director
CITY ST ZIP	WPB FL	34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 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)(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: Teresa Y. Leonhart **TERESA Y. LEONHART** (TYPED OR PRINTED NAME OF INDIVIDUAL) OFFICER OR DIRECTOR

3/6/95 (Date) (407) 655-0073 (Daytime Phone #)

0241700 CP