SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $278 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT 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 JUN 30 AM 9:55

DOCUMENT # **M63633** **(5)**

1. Corporation Name
STAT TRANSCRIBERS, INC.

Principal Place of Business	Mailing Address
C/O ANN H. NORDWALL 8673 SW 113 COURT MIAMI FL 33173-4235	C/O ANN H. NORDWALL 8673 SW 113 COURT MIAMI FL 33173-4235

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/14/1967
3a. Date of Last Report: 06/09/1994

2. Principal Place of Business
21: 921 SW 176 AVE
Suite, Apt. #, etc. 22:
City & State 23: PEMBROKE PINES, FL
Zip 24: 33029 Country 25: U.S.

2a. Mailing Address
26: 921 SW 176 AVE
Suite, Apt. #, etc. 27:
City & State 28: PEMBROKE PINES, FL
Zip 29: 33029 Country 30: U.S.

4. FEI Number: 65-0016156
Applied For ☐ Not Applicable ☐

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. [illegible] ☐ **$5.00** May Be Added to Fees

8. This corporation has [illegible] pursuant to Section 501(c) of Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

NORDWALL, ANN M HOOD
8673 SW 113 COURT
MIAMI FL 33173

10. Name and Address of New Registered Agent

81 Name: ANN M. Hood-NORDWALL
82 Street Address (P.O. Box Number is Not Acceptable): 921 SW 176 AVENUE
83 City: PEMBROKE PINES
84 City: FL 85 Zip Code: 33029

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 change(s) 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 I accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE(S)
[illegible] Registered Agent Signature (required) Date

12. OFFICERS AND DIRECTORS

Title	D
Name	NORDWALL, ANN H
Street Address	8673 SW 113 CT.
City-St-Zip	MIAMI FL

13. [illegible] ☐ Change ☐ Addition

Title	
Name	ANN NORDWALL
Street Address	921 SW 176 AVE
City-St-Zip	PEMBROKE PINES, FL 33029

14. I (We) 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: Ann Nordwall ANN NORDWALL 6/29/95 305-438-3852
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Telephone #

CR2E034 (3/95)

CP