

**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 JUN -1 AM 9:41

DOCUMENT # **M81045** (0)

1. Corporation Name  
**KENDALL TRANSCRIPTION, INC.**

Principal Place of Business Mailing Address  
**C/O MARION FIGUEREDO**  
**9061 S.W. 112TH CT**  
**MIAMI FL 33176**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **05/16/1988** 3a. Date of Last Report **08/04/1994**

4. FEI Number **65-0081872** 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

2. Principal Place of Business 2a. Mailing Address  
21 **703 NW SAN REMO CIR** 26

Suite, Apt. #, etc Suite, Apt. #, etc  
22 27

City & State City & State  
23 **Port St. Lucie, FL.** 28

Zip Country Zip Country  
24 **34986** 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**FIGUEREDO, MARION**  
~~**9061 S.W. 112TH CT**~~  
~~**MIAMI FL 33176**~~

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable) **703 NW SAN REMO CIRCLE**  
83  
84 City **Pt. St. Lucie** FL 85 Zip Code **34986**

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 (use a printed name if registered agent is not applicable)

(PRINT) Registered Agent (signature issued when registering)

(DATE)

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	
NAME	<b>FIGUEREDO, MARION</b>
STREET ADDRESS	<b>9061 S.W. 112TH CT</b>
CITY - ST - ZIP	<b>MIAMI FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
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TITLE	
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STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

11 TITLE	<b>Pres.</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	<b>Figueredo MARION</b>
13 STREET ADDRESS	<b>703 NW SAN REMO CIRCLE</b>
14 CITY - ST - ZIP	<b>Port St. Lucie FL 34986</b>
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY - ST - ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 110.07(3)(k), 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 in person, 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: **X Marion Figueredo**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/27/95** **407 878-3771**  
DATE TELEPHONE NUMBER