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CORPORATION ANNUAL REPORT 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N98833

1. Corporation Name

ACCELERATED REPORTING, INC.

Principal Place of Business / Mailing Address

PO BOX 1686
DELRAY BEACH, FL. 33447

FILED
97 MAY 22 AM 10:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 13 NE 12 STREET	26 PO BOX 1686
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 DELRAY BEACH, FL	City & State 28 DELRAY BEACH, FL
Zip 24 33444 / Country 25 USA	Zip 29 33444 / Country 30 USA

3. Date Incorporated or Qualified: 9-16-1988
3a. Date of Last Report: 2/23/96
4. FEI Number: 65-0082981 — Appl… / Not …
5. Certificate of Status Desired ☐ — $8.75 Ad… Fee Requ…
6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 M… Added to …
8. This corporation has liability for intangible tax under S. 19… Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

REGINA L. WHITEHEAD
13 NE 12 STREET
DELRAY BEACH, FL 33444

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City — FL — Zip Co…

600002192686—4
-05/28/97--01018--006
*****225.00 *****225.00

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 regis… 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 age… familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE ______________________ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PRESIDENT	1 1 TITLE	☐ Change
NAME	REGINA L. WHITEHEAD	1 2 NAME	
STREET ADDRESS	13 NE 12 STREET	1 3 STREET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH, FL 33444	1 4 CITY-ST-ZIP	
TITLE		2 1 TITLE	☐ Change
NAME		2 2 NAME	
STREET ADDRESS		2 3 STREET ADDRESS	
CITY-ST-ZIP		2 4 CITY-ST-ZIP	
TITLE		3 1 TITLE	☐ Change
NAME		3 2 NAME	
STREET ADDRESS		3 3 STREET ADDRESS	
CITY-ST-ZIP		3 4 CITY-ST-ZIP	
TITLE		4 1 TITLE	☐ Change
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		6 4 CITY-ST-ZIP	5-23-97

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)(k), Florida Statutes. … 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 ma… 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 m… appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Regina L. Whitehead REGINA L. WHITEHEAD PRESIDENT — Date 5-19-97 — Daytime Phone # (561)265-0201

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR