

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0022043

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000000493✓
1. Corporation Name

SPECIALIZED TYPING SERVICES, INC.

FILED

99 JUL 26 PM 3:29

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

Principal Place of Business
1515 UNIVERSITY DRIVE
SUITE #114-A
CORAL SPRINGS FL 33071
US

Mailing Address
1515 UNIVERSITY DRIVE
SUITE 114-A
CORAL SPRINGS FL 33071
US

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

12/29/1992

4. FEI Number

65-0385116

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes the current year

Intangible Personal Property.

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

GERALD M PEPPER & ASSOC PA
1515 UNIVERSITY DR
#114
CORAL SPRINGS FL 33071

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME MALLEN, RAE
STREET ADDRESS 1515 UNIVERSITY DR #114-A
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ST ☐ DELETE

NAME MALLEN, RAE
STREET ADDRESS 1515 UNIVERSITY DR #114-A
CITY-ST-ZIP CORAL SPRINGS FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing 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:

Rae Mallen

CR2E034 (5/99)

SPECIALIZED TYPING SERVICES, INC.

1515 University Drive, #114A

Coral Springs, Florida 33071

(954) 340-0737

2

JULY 3, 1999

DIVISION OF CORPORATIONS
ANNUAL REPORT FILINGS
P O BOX 1500
TALLAHASSEE FL 32302-1500

RE: SPECIALIZED TYPING SERVICES INC
P93000000493

GENTLEMEN:

I RECEIVED THE 2ND NOTICE RELATIVE TO THE FILING OF MY ANNUAL REPORT FOR 1999. I UNDERWENT A LUMPECTOMY AND HAD BEEN RECEIVING CHEMOTHERAPY TREATMENTS FROM JANUARY UNTIL THE LATTER PART OF MAY. I WAS UNABLE TO WORK AND HAD NOT BEEN ABLE TO REVIEW ALL MY MAIL. IN VIEW OF THE ABOVE I AM ENCLOSING MY CHECK IN THE AMOUNT OF \$150.00 AND HOPEFULLY YOU WILL BE ABLE TO ACCEPT THIS AND NOT ASSESS ANY PENALTIES. I HAVE LOST A GREAT DEAL OF REVENUE AS A RESULT OF MY ILLNESS AND THIS WOULD POSE A SEVERE FINANCIAL HARDSHIP ON ME.

THANK YOU FOR YOUR PATIENCE AND UNDERSTANDING.

VERY TRULY YOURS,
SPECIALIZED TYPING SERVICES INC.


RAE MALLEN, PRESIDENT