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

APPROVED AND FILED
95 MAY -1 PM 4:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000004056 (5)

1. Corporation Name
ON-LINE TRANSCRIPTION, INC.

Principal Place of Business	Mailing Address
2614 SEIDENBERG AVE. KEY WEST FL 33040	2614 SEIDENBERG AVE. KEY WEST FL 33040

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/18/1994
3a. Date of Last Report: –

2. Principal Place of Business	2a. Mailing Address
21 2614 Seidenberg Ave	26 2614 Seidenberg Ave
Suite, Apt. #, etc. 22 –	Suite, Apt. #, etc. 27 –
City & State 23 KEY WEST, FLA	City & State 28 Key West, FLA
Zip / County 24 33040 / 25 Monroe	Zip / County 29 33040 / 30 Monroe

4. FEI Number: 65-0476231 ☐ 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	10. Name and Address of New Registered Agent
NACRELLI, STEPHEN J 2614 SEIDENBERG AVE. KEY WEST FL 33040	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: ~~STEPHEN J. NACRELLI~~ 4-11-95
Signature, typed 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	PRESIDENT	1.1 TITLE	PRESIDENT ☐ Change ☐ Addition
NAME	VIOLET H. NACRELLI	1.2 NAME	
STREET ADDRESS	2614 SEIDENBERG Ave	1.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	1.4 CITY-ST-ZIP	
TITLE	V-PRESIDENT	2.1 TITLE	☐ Change ☐ Addition
NAME	STEPHEN J NACRELLI	2.2 NAME	
STREET ADDRESS	2614 SEIDENBERG Ave	2.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	2.4 CITY-ST-ZIP	
TITLE	TREASURER	3.1 TITLE	☐ Change ☐ Addition
NAME	VIOLET H. NACRELLI	3.2 NAME	
STREET ADDRESS	2614 SEIDENBERG Ave	3.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	3.4 CITY-ST-ZIP	
TITLE	SECRETARY	4.1 TITLE	☐ Change ☐ Addition
NAME	STEPHEN J. NACRELLI	4.2 NAME	
STREET ADDRESS	2614 SEIDENBERG Ave	4.3 STREET ADDRESS	
CITY-ST-ZIP	KEY WEST, FL 33040	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	REMITTED BY MAY 1
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP	T.S. 6/26/95	6.4 CITY-ST-ZIP	H REMITTED BY BANK

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: Violet H. Nacrelli VIOLET H. NACRELLI 4/4/95 (305)296-7946
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

010044 CP