

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

FILED  
Sep 16 1997 8:00am  
Secretary of State

DOCUMENT # P94000025909 (0)

1. Corporation Name  
PROFESSIONAL TRANSCRIPTION, INC.



Principal Place of Business

606 HAFTEZ ST.  
PALM BAY FL 32907  
US

Mailing Address

606 HAFTEZ ST.  
PALM BAY FL 32907  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/01/1994	3a. Date of Last Report 12/23/1996
4. FEI Number 59-3243022	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business

21 513 SHADOW glenn Place.

Suite, Apt. #, etc.

City & State

23 Winter Springs, FL

Zip

24 32708

Country

25 US

2a. Mailing Address

26 513 SHADOW glenn Place.

Suite, Apt. #, etc.

City & State

28 Winter Springs, FL

Zip

29 32708

Country

30 US

9. Name and Address of Current Registered Agent

LAMB, VICTORIA  
606 HAFTEZ ST.  
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name Lamb, Victoria
82 Street Address (P.O. Box Number is Not Acceptable) 513 SHADOW glenn Place
83
84 City Winter Springs
85 Zip Code FL 32708

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 filed in application

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D	DELETE <input type="checkbox"/>
NAME LAMB, VICTORIA	
STREET ADDRESS 606 HAFTEZ ST.	
CITY-ST-ZIP PALM BAY FL	

TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	DELETE <input type="checkbox"/>
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D	Change <input checked="" type="checkbox"/> Addition <input type="checkbox"/>
1.2 NAME Lamb, Victoria	
1.3 STREET ADDRESS 513 SHADOW glenn Place	
1.4 CITY-ST-ZIP Winter Springs, FL 32708	

2.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

4.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	Change <input type="checkbox"/> Addition <input type="checkbox"/>
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I do 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

SID [Signature]

9/11/97

CR2E034 (4/97)