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
95 MAY 11 AM 8:01
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000040118 (9)

1. Corporate Name
GATOR COURT REPORTERS, INC.

Principal Place of Business	Mailing Address
17 SOUTH LAKE AVENUE ORLANDO FL 32801	17 SOUTH LAKE AVENUE ORLANDO FL 32801

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/19/1994**
3a. Date of Last Report:

2. Principal Place of Business — 21 Street; 22 Suite, Apt. # etc.; 23 City & State; 24 Zip; 25 Country
2a. Mailing Address — 26 Street; 27 Suite, Apt. # etc.; 28 City & State; 29 Zip; 30 Country

4. FEI Number: 54-3243577 ☐ 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
MEYERS, STEVEN M 17 SOUTH LAKE AVENUE ORLANDO FL 32801	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 617.0502, 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

12. OFFICERS AND DIRECTORS	
TITLE	D
NAME	MEYERS, STEVEN M
STREET ADDRESS	17 SOUTH LAKE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801
TITLE	D
NAME	MEYERS, IRVIN A
STREET ADDRESS	17 SOUTH LAKE AVENUE
CITY-ST-ZIP	ORLANDO FL 32801

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS (blank)

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: [signature] STEVEN M MEYERS — 5-2-95 — 407 849 0740
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone

0052655 CP

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1995

APPROVED AND FILED

DOCUMENT # P94000040355 (7)

1. CHICAGO CLASSIC GOLF, INC.

15251 ROOSEVELT BLVD
#201
CLEARWATER FL 34620

15251 ROOSEVELT BLVD
#201
CLEARWATER FL 34620

3. 05/24/1994

4. 59-3256142 — 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. Florida Statutes [ ] Yes [X] No

2. Principal Place of Business

21 11001 Roosevelt Blvd.
22 #1400
23 St. Petersburg, FL
24 33716 25 USA

2a. Mailing Address

26 11001 Roosevelt Blvd.
27 #1400
28 St. Petersburg, FL
29 33716 30 USA

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EVANS, BOB 15251 ROOSEVELT BLVD. #201 CLEARWATER FL 34620	81 Name: Evans, Bob 82 Street Address (P.O. Box Number is Not Acceptable): 11001 Roosevelt Blvd. 83 #1400 84 City: St. Petersburg FL 85 Zip Code: 33716

11. Pursuant to the provisions of ... 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 ... Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
D EVANS, BOB 15251 ROOSEVELT BLVD., #201 CLEARWATER FL 34620	[✓] Change [ ] Addition P/D Evans, Bob 11001 Roosevelt Blvd., #1400 St. Petersburg, FL 33716
	[ ] Change [✓] Addition C/D Murray, James K. Jr. 3501 Frontage Road Tampa, FL 33607
	[ ] Change [✓] Addition V/S/T/D Gould, Donald Jr. 11001 Roosevelt Blvd., #1400 St. Petersburg, FL 33716
	[ ] Change [✓] Addition V/D Beverly Evans 11001 Roosevelt Blvd., #1400 St. Petersburg, FL 33716
	[ ] Change [✓] Addition D Chrlie Guy 205 South Hoover Blvd., #204 Tampa, FL 33609
	[ ] Change [✓] Addition D Stewart Bertron 238 E. David Blvd. Tampa, FL 33606

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 ... Florida Statutes. I further certify that the information indicated on the 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: *Beverly Evans* Beverly Evans May 11, 1995 (813) 579-8988

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0387240 CP

FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State

APPROVED AND FILED

9:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000041515 (5)

1. Corporate Name

MODEM DATA TRANSFER, INC.

Principal Place of Business	Mailing Address
9125 S.W. 65TH STREET MIAMI FL 33173	9125 S.W. 65TH STREET MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/02/1994	3a. Date of Last Report
4. FEI Number	☑ 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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LARREA, ARMANDO 9125 S.W. 65TH STREET MIAMI FL 33173	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 617.0502, 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ Change ☐ Addition
NAME	LARREA, ARMANDO	
STREET ADDRESS	9125 S.W. 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE	D	☐ Change ☐ Addition
NAME	LARREA, ENRIQUETA M	
STREET ADDRESS	9125 S.W. 65TH STREET	
CITY-ST-ZIP	MIAMI FL 33173	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
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 119.07(1)(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: Armando Larrea ARMANDO LARREA JR 5/13/95 (3N) 595-2771

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0187844 CP