## **FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00**

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997

DOCUMENT # P94000040118 (9)

GATOR COURT REPORTERS, INC. Principal Place of Business Mailing Address 17 SOUTH LAKE AVENUE 17 SOUTH LAKE AVENUE ORLANDO FL 32801 ORLANDO FL \$2801-2730 3a. Date of Last Report 3. Date Incorporated or Qualified 05/19/1994 04/05/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-3243577 Not Applicable 21 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 26 Country Country Zφ Zip 8. This corporation has liability for intangible tax under s. 199.032, Yes No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name MEYERS, STEVEN M 17 SOUTH LAKE AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32801 83 **B4** City 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, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12 OFFICERS AND DIRECTORS 13. (96/6) Change Addition DELETE 1.1 TITLE TITLE MEYERS. STEVEN M 1.2 NAME 17 SOUTH LAKE AVENUE 1.3 STREET ADORESS STREET ADDRESS ORLANDO FL 32801 CITY - S1 - 7(P 1.4 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE MEYERS, IRVIN A NAME 2.2 NAME 17 SOUTH LAKE AVENUE STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32801 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE 3.1 TITLE Change Addition TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ALIONESS CHY-SI-ZIP 3.4. CITY - \$1 - ZIP Addition DELETE 4.1 TITLE TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE Change Addition THE 6.1 TITLE NAM 6.2 NAME

14. If do hereby certify that the information supplied with this filling 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 fustee 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. 6.4 CITY-ST-ZIP

**6.3 STREET ADDRESS** 

SIGNATURE:

STREET ADDRESS

CHTY-ST-7IP

TEOTOPHELLAVIN A. MEYERS ME OF SIGNING OFFICER OR DIRECTOR

**FILED** 

May 23 1997 8:00am

Secretary of State

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