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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000058465 (3)

EMERALD COAST COURT REPORTERS. INC.

Principa1	Place of	Business

Mailing Address

454 MADY COTHED DIVID

FILED Feb 27 1998 8:00am Secretary of State



SUITE 401	THER BLVD.	SUITE 401						
		MARY ESTHER FL 32569			DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified 08/01/1994			
2. Principal Pl	lace of Business	2a. Majling Address	~		4. FEI Number	Ap	oplied For	
21		26 PO BOX 8	308		59-3260039	No	ot Applicable	
Suite, Apt.	#, etc. e 102	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re		
City & State		City P. Ctoto	~		B. Election Campaign Financing	\$5.00	May Be	
23		28 Ft Walton	- Oc	h H	Trust Fund Contribution	Added t		
Zip	Country	Zip Country		6. This corporation owes or has paid the current year Intangible				
24	25	Zip Country 29 32549 30 1 Begintered Agent			Personal Property Tax due June 30. 🔀 Yes 🔲 No			
	9, Name and Address of Curren	t Registered Agent			10. Name and Address of New Registered	Agent		
DO	uglas, Brenda L		81	Name				
151 MARY ESTHER BLVD.		82 Street Address (P.O. Box Number Is Not Acceptable)						
SUITE-401			Shoot radious (1 to 1 box radinos is fact recognition)					
MARY ESTHER FL 32569		83	Su	ite 102				
			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 ager			ent signature	e required when reinstating) DATE	DIDECTOR	NO. N. 40	
12.	OFFICERS AND	DELETE	13.		ADDITIONS/CHANGES TO OFFICERS AND	Change	Addition	
TITLE	DOUGLAS, BRENDA L	☐ pecere				E-1 Change	L Addition 1	
NAME	151 MARY ESTHER BLVD. #4	aL 112	1.2 NAME		Suite 102		[]	
STREET ADDRESS		04-10		ADDRESS	30116102		<u>[</u>	
CITY-ST-ZIP	MARY ESTHER FL 32569	Dr. etc.	1.4 CITY - 1	ST-ZIP		Change	Addition	
TITLE	STD ALMEDA I	DELETE	2.1 TITLE			(Z) Change	L MOIIION I	
NAME	Dammeyer, Almeda I. 151 Mary Esther Blvd. #4	01102	2.2 NAME		Suite 102		ļ	
STREET ADDRESS	MARY ESTHER FL 32569	91 (0		ADDRESS	Solve 10-		- 1	
CITY-ST-ZIP	MART ESTREM PL 32309	DELETE	2. 4 CITY-	ST-ZIP		Change	Addition	
TITLE		☐ DELETE	3.1 TITLE			☐ Change	L_ Addition	
NAME			3.2 NAME					
STREET ADDRESS			3.3 STREET					
CITY-ST-ZIP			3.4. CITY-	ST-ZiP		T1.6	171,200	
TITLE		☐ DELE TE	4.1 TITLE			Change	Addition	
NAME			4. 2 NAME					
STREET ADDRESS			4.3 STREET	ADDRESS				
CITY-ST-ZIP			4.4 CITY-5	37 - ZIP				
TITLE		☐ DELE te	5.1 TITLE			L Change	☐ Addition	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET	ADDRESS				
CITY-ST-ZIP			5.4 CITY - S	i - ZIP				
TITLE		☐ DELET E	6.1 TITLE			☐ Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S	T-21P				

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 on an attachment with an all dress.

Q/20, los 850-243-2533