FILE NOW: FILING FEE AFTER MAY 1 IS \$225,00 FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B MortNam ANNUAL REPORT Secreta or State 1996 DIVISION OF CORPORATIONS P9500000102 (0) DOCUMENT # **ESQUIRE COURT REPORTING INC** Principal Place of Business Mailing Address POST OFFICE BOX 997 POST OFFICE BOX 997 SARASOTA FL 34230-0997 SARASOTA FL 34230-0997 3. Date Incorporated or Qualified 3a. Date of Last Report 01/01/1995 2. Principal Place of Business 2a. Mailing Address Applied For 65-0538221 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State **\$5.00** May Be 6. Election Campaign Financing П 23 Trust Fund Contribution Added to Fees Zio Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 Yes No 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BRITT, JULIE CAROLINE N ess (P.O. Box Number is Not Acceptable) Street Ad 9000 - 48TH AVENUE, WEST 83 BRADENTONIFL 34207 City 85 Zip Code 11. Pursuant to the provisions of Sections 60 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. Signature, types or printed hand of registered agent and sine mass the TE Begistered Agent's parting reque DATE CR2E034 (12/95) 12 OFFICERS AND DIRECTORS ADD/TIONS/CHANGES TO OFFICERS AND DIFFCTORS IN 12 13. TITLE 1 1 Tille CAROLINE Add tion Britt, Julie Caroline P.O. BOX 997 BRITT, JULIE GROLINE" 1.2 NAME N/A STREET ADDRESS 9900 - 40TH AVENUE, WEST SALASOTA FL 13 STREET ADDRESS CITY-ST-ZIF BRADENTON FL 34207 34230 1.4 City - \$1 - ZiP TITLE DELETE 2 1 THE Change Addition NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY - ST - ZIP 2 4 CHY - ST TIP DELE TE [] Change TITLE 3 1 TITLE ☐ Add-hor: NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 City - \$1 - 20/ TITLE DELETE 4 1 BILE Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY ST ZIP 4 4 CITY - ST - ZIP TIPLE [T] DELETE 5 1 TITUE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZiP 5.4 CITY - ST - ZIP **२०००० १ ८८६० व**ानः -07/08/96--01036--012 THILE DE: ETE 6 1 THILE Addition NAME 62 NAME , STREET ADDRESS ***200.00 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY - \$1 - 7IP 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)(k). Florida Statutes | further certify that the information indicated on this annual report or suppliemental annual report is true and accurate and that my signature shall have the same legal effect as it 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

SIGNATURE: