FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000034308 (3)

1. Corporation Name
METZGER COURT REPORTING, INC.

Principal Place of Business
116 W OLYMPIA AVE
PUNTA GORDA FL 33950

Mailing Address
116 W OLYMPIA AVE
PUNTA GORDA FL 33950

2. Principal Place of Business
21 201 W. Marion Avenue
Suite, Apt. #, etc.
22 Suite 300
City & State
23 Punta Gorda, Fl.
Zip 24 33950 Country 25 Charlotte

2a. Mailing Address
26 P. O. Box 758
Suite, Apt. #, etc.
27
City & State
28 Punta Gorda, Fl. 33951
Zip 29 33951 Country 30 Charlotte

3. Date Incorporated or Qualified: 04/26/1995
3a. Date of Last Report:
4. FEI Number: 65-0592592 — 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. XX [ ] Yes [ ] No

9. Name and Address of Current Registered Agent
FISCHER, C. MICHAEL
2800 PLACIDA RD
SUITE 112
ENGLEWOOD FL 34224

10. Name and Address of New Registered Agent
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 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 ______ Date ______

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	METZGER, DOUGLAS B	
STREET ADDRESS	910 VIA FORMIA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE	D	[ ] DELETE
NAME	METZGER, UTE M	
STREET ADDRESS	910 VIA FORMIA	
CITY-ST-ZIP	PUNTA GORDA FL 33950	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		[ ] Change [ ] Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		[ ] Change [ ] Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		[ ] Change [ ] Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		[ ] Change [ ] Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		[ ] Change [ ] Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		[ ] Change [ ] Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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. 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] DOUGLAS B. METZGER 4-1-96 941-639-7797
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #