


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

FILED
Jan 26 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P95000035037 (7)

1. Corporation Name
I.M. TRANSCRIPTIONS, INC.



| | |
|--|--|
| Principal Place of Business 4407 W. PARK ROAD HOLLYWOOD FL 33021 | Mailing Address 4407 W. PARK ROAD HOLLYWOOD FL 33021 |
|--|--|

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/04/1995

| | |
|---|---------------------------------------|
| 2. Principal Place of Business 21 256 S.W. Dalton Cir | 2a. Mailing Address 26 SAME |
| Suite, Apt. #, etc. | Suite, Apt. #, etc. |

4. FEI Number
65-0584630

| |
|---|
| Applied For |
| <input type="checkbox"/> Not Applicable |

| | |
|----|----|
| 22 | 27 |
|----|----|

5. Certificate of Status Desired **\$8.75** Additional Fee Required

| | |
|--|--------------------------------|
| 23 City & State Port St. Lucie | 28 City & State SAME |
|--|--------------------------------|

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

| | | | |
|------------------------|-------------------------------|-----------------------|---------------------------|
| 24 Zip 34953 | 25 Country St Lucie | 29 Zip SAME | 30 Country SAME |
|------------------------|-------------------------------|-----------------------|---------------------------|

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent
MARTIN, LYNNE
4407 W. PARK ROAD
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent

| |
|---|
| 81 Name |
| 82 Street Address (P.O. Box Number is Not Acceptable) |
| 83 |
| 84 City |
| 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 _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| | | |
|----------------|---------------------------|---------------------------------|
| TITLE | D | <input type="checkbox"/> DELETE |
| NAME | MARTIN, LYNNE | |
| STREET ADDRESS | 4407 W. PARK ROAD | |
| CITY-ST-ZIP | HOLLYWOOD FL 33021 | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> DELETE |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|--------------------|---|
| 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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, or on an attachment with an address.

SIGNATURE: *Lynne Martin* **REQUIRED**

1/14/98

CR2E034 (10/97)