PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000044429

1. Corporation Name

S.S. COURT REPORTING, INC.

Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90276 020 ***150.00



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Principal Plac	e of Business	Mailing Address				1	 	DIBIT OTALI REDI	O KIBIN IBII KBN
828 FLAMINGO DRIVE WEST PALM BEACH FL 33401		828 FLAMINGO DRIVE WEST PALM BEACH FL 33401							
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			٠				Date Incorporated or Qualifed 06/01/1995		
2. Principal P	lace of Business	2a. Mailing Address					FEI Number	A	pplied For
21		26				1	65-0559017	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.	Suite, Apt. #, etc.					\$8.75	Additional
22		27			5. 1	Certifcate of Status Desired	Fee R	tequired	
City & State		City & State			6.	Election Campaign Financing	\$5.00	May Be	
23		28			-	Trust Fund Contribution	Added	to Fees	
Zip	Country	Zip				8.	This corporation owes the current year Int		_
24	25[30				Personal Property Tax.	☐Yes	No
i	9. Name and Address of Curre	ent Registered Agent			NI	10.	Name and Address of New Registered	Agent	
STIL	FQ QALLY		['	81	Name				
STILES, SALLY 828 FLAMINGO DRIVE			1	82	Street Addres	dress (P.O. Box Number is Not Acceptable)			
WES	ST PALM BEACH FL 33401			83					
			- 1	84	City			85 Zip	Code
			İ		•		F <u>L</u>		
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statem familiar with, and accept the oblig	te of Florida. Such change was at	uthorized	by ti	-named corpor he corporation	ration n's boa	submits this statement for the purpose of ard of directors. I hereby accept the appoi	changing its ntment as re	s registered agistered
SIGNATURE									\
0.0.0.0.0.0	Signature, typed or printed name of registered a			Agent	signature required w				
12.		AND DIRECTORS	13.			Α	DDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	
TITLE	P STILES, SALLY	☐ DELETE	1.1 TITL					□ Ollange	
NAME	828 FLAMINGO DR.		1.2 NAN				·		
STREET ADDRESS	WPB FL 33401		1.3 S I R		ADDRESS				1
CITY-ST-ZIP	WED IE 33401		4						
TITLE			1.4 CITY		-Zir			☐ Change	☐ Addition
NAME		DELETE	2.1 TITL	E	-Zir			☐ Change	☐ Addition
STREET ADDRESS		☐ DELETE	2.1 TITL 2.2 NAM	Æ				☐ Change	☐ Addition
		☐ DELETE	2.1 TITL 2.2 NAM 2.3 STR	E ME REET /	ADDRESS			☐ Change	Addition
CITY-ST-ZIP		☐ DELETE	2.1 TITL 22 NAA 2.3 STR 2.4 CIT	E ME REET / Y-ST	ADDRESS				
CITY-ST-ZIP			2.1 TITL 2.2 NAA 2.3 STR 2. 4 CIT 3.1 TITL	E ME REET / Y-ST E	ADDRESS			☐ Change	
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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, with all other like empowered.

SIGNATURE:

