

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.
AMOUNT DUE ON OR BEFORE 09/30/98: \$350 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

FILED
Sep 16, 1998 8:00 am
Secretary of State

**PROFIT
CORPORATION
ANNUAL REPORT
1998**



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

DOCUMENT # P96000045893 (0)

1. Corporation Name
LAMUR TRANSCRIBING SERVICES, INC.



Principal Place of Business
4422 SW 89TH CT
MIAMI FL 33165

Mailing Address
4422 SW 89TH CT
MIAMI FL 33165

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/30/1996

4. FEI Number

65-0668067

Applied For

Not Applicable

6. 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 owes or has paid the current year Intangible
Personal Property Tax due June 30.**



Yes



No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 Country

2a. Mailing Address

25 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 Country

9. Name and Address of Current Registered Agent

AMERILAWYER CHARTERED
343 ALMERIA AVENUE
CORAL GABLES FL 33134

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DPT	DELETE
NAME	ROSSELLO, LAURA V	
STREET ADDRESS	4422 SW 89TH CT	
CITY-STATE-ZIP	MIAMI FL 33165	
TITLE	DVS	DELETE
NAME	GARCIA, MURIEL M	
STREET ADDRESS	4422 SW 89TH CT	
CITY-STATE-ZIP	MIAMI FL 33165	
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		DELETE
NAME		
STREET ADDRESS		
CITY-STATE-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-STATE-ZIP		
2.1 TITLE	Change	Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-STATE-ZIP		
3.1 TITLE	Change	Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-STATE-ZIP		
4.1 TITLE	Change	Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-STATE-ZIP		
5.1 TITLE	Change	Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-STATE-ZIP		
6.1 TITLE	Change	Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-STATE-ZIP		

000002642960
-09/18/98-01019-036
*****150.00**

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 in an attachment with an address.

SIGNATURE:

Laura Rossello
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/6/98 (305) 220-8732
Date Daytime Phone #

CR2E034 (5/98)