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

CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name P96000048860 (6)

GATEWAY TRANSCRIPTION, INC

Principal Place of Business		Mailing Address	Mailing Address		1 CONTINUE FILO IDIAN DIRIGE ROLLI ADVIR DOLLI DELLE BIORE FOLDE EDILO DILLE DRIFE CON I	
9846 GOLDENROD DR		9846 GOLDENROD DR				
BOYTON BEACH FL 33437		BOYNTON BEACH FL 33437 US			DO NOT WRITE IN THIS SPACE	
03		US		-	3. Date Incorporated or Qualified	
ĺ					06/06/1996	
2. Principal Place of Business		2a. Mailing Address			4. FEI Number Applied For	
21		26			65-0678711 Not Applicat	ole
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional	
22 City & State		City & State	City & State		Fee Required	_
23		— ·	28		6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees	
Zip Country		Zip Country			This corporation owes or has paid the current year Intangible	-
24	25	29	30	Į	Personal Property Tax due June 30. Yes No	
,	Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent	
SA	GAN, JENNIFER L.		81 1	lame		
9846 GOLDENROD DRIVE			82 S	treet Address	s (P.O. Box Number is Not Acceptable)	\dashv
BC	YNTON BEACH FL 33437					
			83			
			84 0	ity	■ 85 Zip Code	
				-	FL '	
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, Sush 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.						id
agent. I a	m familiar with, and accept the oblig		orida Statutes.		a supposition and a suppositio	
SIGNATURE	seringer.	Defor			#hen reinstating)	_
12.	Signature type 1 or printed name of registered ag OFFICERS AN	ID DIRECTORS	E: Registered Agent si	gnature required v	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	\dashv
TITLE	D DELETE		1.1 TITLE		☐ Change ☐ Additi	OR NO
NAME	SAGAN, JENNIFER L.		1.2 NAME			
STREET ADDRESS 9846 GOLDENROD DRIVE		1.3 STREET ADDRESS		RESS		
CITY-ST-ZIP	BOYNTON BEACH FL		1,4 CITY - ST - ZI	P		
TITLE		☐ DELETE	2.1 TITLE		Change Additi	ᇭ
NAME			2.2 NAME			ł
STREET ADDRESS			2.3 STREET ADD	ress		
CITY-ST-ZIP			2, 4 CITY - ST - Z	IP .		_
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NAME			3.2 NAME			
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CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY-ST-ZI	P	☐ Change ☐ Addititi	
·		L DELETE	4.1 TITLE		Change Addition	ן ייי
NAME STREET ADDRESS			4. 2 NAME 4.3 STREET ADD	DECE		
CITY-ST-ZIP			4.3 STREET AUD			
TITLE		☐ DELETÉ .	5.1 TITLE		Change Addition	on
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREET ADD	RESS		- 1
CITY-ST-ZIP			5.4 CITY-ST-ZIF			
TITLE		DELETE	6.1 TITLE		☐ Change ☐ Additio	วท
NAME			6.2 NAME			

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.

6.3 STREET ADDRESS

SIGNATURE: 5

STREET ADDRESS

CITY-ST-ZIP

1-12-98

561-364-4546

FILED

Jan 23 1998 8:00am

Secretary of State