FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 06 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # 1. Corporation Name P96000087834 (3) CIRCUIT REPORTING SERVICE, INC. Principal Place of Business Mailing Address 480 LINTON BLVD 4801 LINTON BEVD 11A SOME 129 DO NOT WRITE IN THIS SPACE DELMAY BEACH FL 33445 3. Date Incorporated or Qualified 10/23/1996 2. Principal Place of Business 4. FEI Number Applied For 2a. Mailing Address Not Applicable 65-0719619 \$8.75 Additional 5. Certificate of Status Desired Fee Required \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 29 Personal Property Tax due June 30. Yes Yes 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent **WOLFE, LARRY** 200-A JOHN KNOX ROAD Street Address (P.O. Box Number is Not Acceptable) 82 TALLAHASSEE FL 32303-6643 83 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 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO AFFICERS AND DIRECTORS IN 12 12. DELETE アストらくひをとりょ Change Addition THILE 1.1 TITLE PRAWDZIK, CHERI A NAME 12 NAME 3001 S. OCEAN DAZUE 3753 S LANCEWOOD PL STREET ADDRESS 1.3 STREET ADDRESS HOLLYWOOD, FL **DELRAY BEACH FL 33445** CITY - ST-ZIP 1.4 CITY-ST-ZIP 2.1 TITLE vice Pressident TITLE MEEKER, MICHELLE vice President 2.2 NAME michelle Meeker NAME 223 MALLORY CT 2.3 STREET ADDRESS STREET ADDRESS FT LAUDERDALE FL 33326 2.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Addition Change TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY - ST - ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition TITLE 51 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS

14. Thereby 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 of the receiver or frustee 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:

ONLY 151

April 154

SIGNATURE:

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

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DELETE

Change

Addition

CR2E034