

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 07, 1999 8:00 am
Secretary of State

04-07-1999 90045 042 ***150.00

DOCUMENT # P96000087834

1. Corporation Name

CIRCUIT REPORTING SERVICE, INC.

\$ 150.00



Principal Place of Business

3001 S OCEAN DR
STE 6F
HOLLYWOOD, FL 33019
US

Mailing Address

3001 S OCEAN DR
STE 6F
HOLLYWOOD FL 33019
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/23/1996

4. FEI Number

65-0719619

Applied For

Not Applicable

5. 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 the current year Intangible
Personal Property Tax.

☐ Yes

☒ No

2. Principal Place of Business

21 200 Leslie Drive

Suite, Apt. #, etc.

22 Suite # 914

City & State

23 Three Islands, FL

Zip

24 33009

Country

25 USA

2a. Mailing Address

26 200 Leslie Drive

Suite, Apt. #, etc.

27 Suite # 914

City & State

28 Three Islands, FL

Zip

29 33009

Country

30 USA

9. Name and Address of Current Registered Agent

WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent

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 PD *name change* ☐ DELETE

NAME PRAWDZIK, CHERI A
STREET ADDRESS 3001 S OCEAN DR 6F
CITY-ST-ZIP HOLLYWOOD FL 33019

TITLE VP ☐ DELETE

NAME MEEKER, MICHELLE
STREET ADDRESS 223 MALLORY CT
CITY-ST-ZIP FT LAUDERDALE FL 33326

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD *Change* ☒ Addition

1.2 NAME Cheri A. DeMonico
1.3 STREET ADDRESS 200 Leslie Drive Suite 914
1.4 CITY-ST-ZIP Three Islands, FL 33009

2.1 TITLE VP *Change* ☒ Addition

2.2 NAME Michelle L. Hirt
2.3 STREET ADDRESS 15970 W. State Rd 84 Suite 183
2.4 CITY-ST-ZIP Sunrise, FL 33326

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ 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, with all other like empowered.

SIGNATURE:

Cheri A. DeMonico President

2/1/99

(954) 485-4079

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

455-3303

CR2E034 (11/98)