SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97; \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION ANNUAL REPORT

1997

STREET ADDRESS



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

APPROVED

AND

97 AUG 13 AM11:55

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Secretary of State DIVISION OF CORPORATIONS

P96000093426 (0) DOCUMENT # Corporation Name

DEPOSITION SEARCH, INC.

Mailing Address Principal Place of Business 20900 LEEWARD COURT 20900 LEEWARD COURT SUITE 212 SUITE 212 DO NOT WRITE IN THIS SPACE **AVENTURA FL 33180 AVENTURA FL 33180** 3. Date Incorporated or Qualified 3a. Date of Last Report 11/07/1996 Applied For 2. Principal Place of Business 2a. Mailing Address 65-0716282 Not Applicable 26 21 Sulte, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 24 25 29 30 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name INCORPORATORS PLUS, INC. 1214 N. UNIVERSITY DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) PLANTATION FL 33322 83 Zip Code 84 City 85 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, Soction 607.0505, Florida Statutes. SIGNATURE (NOTE: Registered Agent signature required when reinstating) Signature, typed or printed name of registered agent and title if applicable OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. DELETE Change Addition TITLE D 1.1 TITLE ROSSI, STEVE 1.2 NAME NAME 20900 LEEWARD COURT STREET ADDRESS 1.3 STREET ADDRESS **AVENTURA FL 33180** 1.4 CITY - ST - ZIF CITY - ST - ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CITY-ST-ZIP DELETE ☐ Change ☐ Addition 3.1 TITLE TITLE 000002270660--3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS ****165.00 ****165.00 3.4. CITY - ST- ZIP CITY-ST-ZIP DELETE Change ■ Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY - ST - ZIP CITY-ST-ZIP Addition DELETE Change 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 6.1 TITLE TITLE NAME 6.2 NAME

14. To hereby certify that the information supplied with this filling 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 fectiver or flustee 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. Pirsident nalmilan

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP