## 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

## DOCUMENT # P96000093426

1. Corporation Name

DEPOSITION SEARCH, INC.

Principal Pla	e of Business
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Mailing Address

## FILED Apr 26, 1999 8:00 am Secretary of State

04-26-1999 90058 044 \*\*\*150.00

625 N.E. 3RD A FORT LAUDERD		625 N.E. 3RD AVENUE FORT LAUDERDALE FL 33304				
<u></u>	<u></u>		<del></del>	DO NOT-WRITE IN THIS  3. Date Incorporated or Qualifed	SPACE	
				11/07/1996		
2 Principal P	lace of Business	2a. Mailing Address	<u></u>	4. FEI Number	Applied For	
21	dee of Basiness	26. Walling Address		65-0716282	Not Applicable	
Suite, Apt	#, etc.	Suite, Apt. #, etc.		\$8.75 Additional		
22		27		5. Certificate of Status Desired Fee Required		
City & State	e	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28		Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible  Personal Property Tax  Yes  No		
24	9. Name and Address of Current	Pagistared Agest	<u>)                                      </u>	Personal Property Tax. UYes UNo  10. Name and Address of New Registered Agent		
	g. Name and Address of Current	registered Ager	81 Name	to. Hamo dita i tanto di tanto		
SLAT	roff, robert		20 0	A LL (D.O. D N)		
2 <del>080</del>	1 BISCAYNE BLVD., SUITE 505	new address	82 Street	Street Address (P.O. Box Number is Not Acceptable)  8000 Peters Road		
AVEN	NTURA FL 33180		83			
			84 City	1	85 Zip Code	
			'	Plantation FL	33324	
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 corporation's board of directors. I hereby accept the appoin	changing its registered	
oπice or n agent. I a	egistered agent, or both, in the state of medical from the manufacture of the medical from the medical from the medical from the state of the medical from the medical from the state of the medical from the medical	ons of, Section 607.0505, Florida	a Statutes.	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the appoint		
SIGNATURE						
-	Signature, typed or printed name of registered agent OFFICERS AND		gisterød Agent signature r	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTORS IN 12	
12.	D OF TOLKS AIVE	DELETE	1.1 TITLE	,	Change Addition	
NAME	ROSSI, STEVE		1.2 NAME			
STRÉET ADDRESS	20900 LEEWARD COURT					
CITY-ST-ZIP	AVENTURA FL 33180		1.4 CITY-ST-ZIP			
TITLE		☐ DELETE	2.1 TITLE		☐ Change ☐ Addition	
NAME			2.2 NAME			
STREET ADDRESS	_		2.3 STREET ADDRESS			
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14. I hereby certify that the information supplied with this filing does not quality 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 his 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: