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

PROFIT CORPORATION ANNUAL REPORT

1998

CYPRESS BEND DRIVE SOUTH



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

BE-CYPRESS BEND DRIVE SOUTH

DOCUMENT # 1. Corporation Name

Principal Business

P96000097442 (3)

MCMAHON COURT REPORTING, INC.

FILED Apr 28 1998 8:00am Secretary of State



111- GR

POMPANO	POMPANO BEACH FL 33069 POMPANO BEACH FL 33069 POMPANO BEACH FL 33069			DO NOT WRITE IN THIS SPACE	
		TO AND PINTO DESIGNATE OF			3. Date Incorporated or Qualified
754	-973-4464				12/03/1996
2. Principal P	Place of Business	2a. Mailing Address			4. FEI Number Applied For
21 2 10	Chipus BiniDe	60 3124 Cije	20001	314 1	
— • /	#, etc. 3'	Suite, Apt. #, etc. 0			5. Certificate of Status Desired Section 5. Section 5. Section 5. Section 5. Section 6.
City & State		City & State	11	0	6. Election Campaign Financing \$5.00 May Be
23 POND		28 Pompani	1.4		Trust Fund Contribution Added to Fees
Zip	Country	Zip	Countr		This corporation owes or has paid the current year Intangible
24 3306		29 シシント 9 3	0 4	54	
9, Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent NOME AND PAGE ANN 81 Name					
MOMPTON, DOSEANN					
2108 CYPRESS BEND DRIVE SOUTH 82 Street Address					et Address (P.O. Box Number is Not Acceptable)
	PENTHOUSE 1		83		
P	POMPANO BEACH FL 33069		00		
			84	City	85 Zip Code
11 Pursuent	to the provisions of Sections 607 0502 a	nd 607 1508. Florida Statutas	the abou	a pamod	FL 80 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 as	d Mile d description (APOLL I	Uonintored for		ure required when reinslating) DATE
12,	OFFICERS AND D		13.	uni signatore	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PTD	DELETE	1.1 TITLE		Change Addition
NAME	MCMAHON, ROSEANN		1.2 NAME		
STREET ADORESS	2108 CYPRESS BEND DRIVE S	SOUTH	1.3 STREET	ADDRESS	s
CITY-ST-ZIP	POMPANO BEACH FL 33069	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1.4 CITY - S		
TITLE	VPS	DELETE	2.1 TITLE)1 - <u>2</u>	Change Addition
NAME	MCMAHON, ROSEANN		2.2 NAME		
STREET ADDRESS	2108 CYPRESS BEND DRIVE S	SOUTH .	2.3 STREET	ADDRESS	s
CITY-ST-ZIP	POMPANO BEACH FL 33069		2. 4 CITY -		
TITLE		DELETE	3.1 TITLE	-: -:-	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDRESS	3
CITY-ST-ZIP			3.4 CITY-1	ST-ZIP	
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET	ADDRESS	3
CITY-ST-ZIP			4.4 CHY-S	T-ZIP	
TITLE		DELETE	5.1 THILE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET	ADDRESS	
CITY-ST-ZIP			5.4 City - S	T - ZiP	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME	ļ	
STREET ADDRESS			6.3 STREET	ADDRESS	
CITY-ST-ZIP			6.4 CITY - S		
indicated (on inis annual report or supplemental ar	inual report is true and accura	ale and th:	at mw simi	ated 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.					