

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 14, 1999 8:00 am
Secretary of State

04-14-1999 90039 012 ***150.00

DOCUMENT # P97000020873

1. Corporation Name
COURTROOM GRAPHIX, INC.

Principal Place of Business

3030 SW 28TH ST
MIAMI FL 33133
US

Mailing Address

3030 SW 28TH ST
MIAMI FL 33133
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

03/06/1997

4. FEI Number

65-0743330

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

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

27 City & State

24 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

GOLDSMITH, KENNETH B ESQ.
1080 99TH STREET
SUITE A-33
BAY HARBOR ISLANDS FL 33154

10. Name and Address of New Registered Agent

81 Name SHERI SENDZISCHEN, ESQ
82 Street Address (P.O. Box Number is Not Acceptable)
3030 SW 28TH ST
83 MIAMI FL 33133
84 City Miami FL 85 Zip Code 33133

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 the corporation.

(NOTE: Registered Agent signature required when reinstating)

DATE

4-12-99

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
PTD	SENDZISCHEN, SHERI	3480 POINCIANA AVENUE	COCONUT GROVE FL 33133	<input type="checkbox"/>
VPSD	GOLDSMITH, KENNETH	1080 99TH ST., A-33	BAY HARBOR FL 33154	<input checked="" type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.1 TITLE				<input type="checkbox"/>
1.2 NAME				<input type="checkbox"/>
1.3 STREET ADDRESS				<input type="checkbox"/>
1.4 CITY-ST-ZIP				<input type="checkbox"/>
2.1 TITLE	VPSD			<input type="checkbox"/>
2.2 NAME	HARRY SENDZISCHEN			<input checked="" type="checkbox"/>
2.3 STREET ADDRESS	10250 WEST BROADWAY DR			<input type="checkbox"/>
2.4 CITY-ST-ZIP	BAY HARBOR FL 33154			<input type="checkbox"/>
3.1 TITLE				<input type="checkbox"/>
3.2 NAME				<input type="checkbox"/>
3.3 STREET ADDRESS				<input type="checkbox"/>
3.4 CITY-ST-ZIP				<input type="checkbox"/>
4.1 TITLE				<input type="checkbox"/>
4.2 NAME				<input type="checkbox"/>
4.3 STREET ADDRESS				<input type="checkbox"/>
4.4 CITY-ST-ZIP				<input type="checkbox"/>
5.1 TITLE				<input type="checkbox"/>
5.2 NAME				<input type="checkbox"/>
5.3 STREET ADDRESS				<input type="checkbox"/>
5.4 CITY-ST-ZIP				<input type="checkbox"/>
6.1 TITLE				<input type="checkbox"/>
6.2 NAME				<input type="checkbox"/>
6.3 STREET ADDRESS				<input type="checkbox"/>
6.4 CITY-ST-ZIP				<input type="checkbox"/>

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-12-99 305 445-1257

CR2E034 (11/98)