

END NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



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

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

09-07-1999 90010 025 ***550.00

DOCUMENT # **P97000045587**
Corporation Name
ABLE TRANSCRIPTION, INC.



Principal Place of Business
P.O. BOX 21542
LAUDERDALE FL 33335

Mailing Address
P.O. BOX 21542
FT. LAUDERDALE FL 33335

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|--|-------------------------|--|--|--|
| Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| P.O. BOX 21542 | | P.O. BOX 21542 | | 05/21/1997 | |
| LAUDERDALE FL 33335 | | FT. LAUDERDALE FL 33335 | | 4. FEI Number | |
| | | | | 65-0755598 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| | | | | 6. Election Campaign Financing <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| City & State | | City & State | | 8. This corporation owes the current year Intangible Personal Property. <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Zip | | Zip | | | |
| 25 | | 29 | | 30 | |
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |
| SULLIVAN, LINDA | | | | 81 Name | |
| 1501 SW 21ST STREET | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | |
| FT LAUDERDALE FL 33315 | | | | 83 | |
| | | | | 84 City | |
| | | | | FL | |
| | | | | 85 Zip Code | |

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.

NATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

| OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|------------------------|---|---|---|
| ET ADDRESS | P SULLIVAN, LINDA G 1501 SW 21ST STREET FT LAUDERDALE FL 33315 | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 1.2 NAME | |
| | | 1.3 STREET ADDRESS | |
| | | 1.4 CITY-ST-ZIP | |
| ET ADDRESS | V SULLIVAN, HAROLD E. 1501 SW 21ST STREET FT LAUDERDALE FL 33315 | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 2.2 NAME | |
| | | 2.3 STREET ADDRESS | |
| | | 2.4 CITY-ST-ZIP | |
| ET ADDRESS | | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 3.2 NAME | |
| | | 3.3 STREET ADDRESS | |
| | | 3.4 CITY-ST-ZIP | |
| ET ADDRESS | | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 4.2 NAME | |
| | | 4.3 STREET ADDRESS | |
| | | 4.4 CITY-ST-ZIP | |
| ET ADDRESS | | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 5.2 NAME | |
| | | 5.3 STREET ADDRESS | |
| | | 5.4 CITY-ST-ZIP | |
| ET ADDRESS | | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| ST-ZIP | | 6.2 NAME | |
| | | 6.3 STREET ADDRESS | |
| | | 6.4 CITY-ST-ZIP | |

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.

GNATURE: **LINDA G. SULLIVAN** *Linda G. Sullivan* 8-30-99 954-462-6877

CR2E034 (5/99)