

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
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90072 015 ***150.00

DOCUMENT # P97000053498

1. Corporation Name

PERSONAL TOUCH COURT REPORTING, INC.

Principal Place of Business

2355 NE OCEAN BLVD.
#2B
STUART FL 34996

Mailing Address

2355 NE OCEAN BLVD.
#2B
STUART FL 34996

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/17/1997

4. FEI Number

65-0764218

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

21 10200 So. OCEAN DRIVE

2a. Mailing Address

26 10200 So. OCEAN DRIVE

Suite, Apt. #, etc.

22 608

Suite, Apt. #, etc.

27 608

City & State

23 JENSEN BEACH, FL

City & State

28 JENSEN BEACH, FL

Zip

24 34957 25 ST. LUCIE

Zip

29 34957 30 ST. LUCIE

9. Name and Address of Current Registered Agent

SCIORRA, CYNTHIA
2355 N.E. OCEAN BLVD.
SUITE 2-B
STUART FL 34996

10. Name and Address of New Registered Agent

81 Name SCIORRA, CYNTHIA

82 Street Address (P.O. Box Number is Not Acceptable)

10200 So. OCEAN DRIVE

83 #608

84 City JENSEN BEACH

FL

85 Zip Code 34957

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

Cynthia Sciorra (CYNTHIA SCIORRA), PRESIDENT

2/2/99

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS SCIORRA, CYNTHIA
CITY-ST-ZIP 2355 NE OCEAN BLVD, #2B
STUART FL 34996

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE D ☒ Change ☐ Addition
1.2 NAME SCIORRA, CYNTHIA
1.3 STREET ADDRESS 10200 So. OCEAN DRIVE, #608
1.4 CITY-ST-ZIP JENSEN BEACH, FL 34957

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

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:

Cynthia Sciorra, President

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

05/12/96

CR2E034 (1/98)