FILED FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 Apr 22 1998 8:00am **PROFIT** FLORIDA DEPARTMENT CORPORATION Sandra B. Morth Secretary of State ANNUAL REPORT Secretary of Stat DIVISION OF CORPOR IONS 1998 DOCUMENT # P97000059509 (4) JVETTE GARCIA COURT REPORTING, INC. Principal Place of Business Mailing Address 2016 S.W. 96 TERRACE 2016 S.W. 96 TERRACE MIRAMAR FL 33025 MIRAMAR FL 33025 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/07/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 766/32 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 30 Personal Property Tax due June 30. 25 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent GARCIA, JVETTE 2016 S.W. 96 TERRACE Street Address (P.O. Box Number is Not Acceptable) MIRAMAR FL 33025 City 85 Zip Code Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the office or registered agent, or both, in the State of Florida. Such change was author agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida S. ove-named corporation submits this statement for the purpose of changing its registered by the corporation's board of directors. I hereby accept the appointment as registered SIGNATURE Signature, typed or printed name of registered agont and title if applicable Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition TITLE **GARCIA**, JVETTE NAME **20**16 S.W. 96 TERRACE STREET ADDRESS REFT ADDRESS MRAMAR FL 33025 CITY-ST-ZIP Y-S1-ZIP DELETE 2. Change Addition TITLE NAME REE1 ADDRESS STREET ADDRESS 2.3 ITY-ST-ZIP 2. CITY-ST-ZIP DELETE Addition 3. Change TITLE NAME STREET ADDRESS 33 TREET ADDRESS CITY-ST-ZIP :ITY-ST-702 DELETE Change Addition TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 44 CITY-ST-ZIP CITY-\$T-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST - ZIP DELETE ☐ Change Addition

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 of 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, of on an attachment with an address.

6.4 CITY-ST-ZIP

61 TITLE

6.2 NAME 6.3 STREET ADDRESS

TITLE NAME

STREET ADDRESS

4-17.98

R2E034