

AND 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).

FILED
Jul 13, 1999 8:00 am
Secretary of State
 07-13-1999 90011 001 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999
 FLORIDA DEPARTMENT OF STATE
 Katherine Harris Secretary of State
 DIVISION OF CORPORATIONS



DOCUMENT # P98000036259
 Corporation Name ASSOCIATED TRANSCRIPTIONISTS, INC.



Principal Place of Business: NORTHLAKE DRIVE, NORTH PALM BEACH FL 33408
 Mailing Address: 426 NORTHLAKE DRIVE, NORTH PALM BEACH FL 33408

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified: 04/20/1998
 4. FEI Number: 65-0782771
 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: Yes No

2a. Mailing Address: 26
 Suite, Apt. #, etc.: 27
 City & State: 28
 Zip: 29
 Country: 30

9. Name and Address of Current Registered Agent
 DAVIS, JACQUELYN J
 426 NORTHLAKE DRIVE
 NORTH PALM BEACH FL 33408

10. Name and Address of New Registered Agent
 81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 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.
 Signature: Jacquelyn Davis
 DATE: 7/2/99

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
<input type="checkbox"/> DELETE D DAVIS, JACQUELYN J 426 NORTHLAKE DRIVE NORTH PALM BEACH FL 33408	<input type="checkbox"/> Change <input type="checkbox"/> Addition 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP		
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<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		
<input type="checkbox"/> DELETE	<input type="checkbox"/> Change <input type="checkbox"/> Addition 6.1 TITLE 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.

SIGNATURE: Jacquelyn Davis
 DATE: 7/2/99 (561) 863-5952

CR2E034 (5/99)

P98000036259
587223-90011-1

July 2, 1999

Division of Corporations
Annual Reports Filings
PO Box 1500
Tallahassee, FL 32302-1500

To Whom It May Concern:

I have enclosed the Annual Report sent to me. You claim this to be a second notice but I never received the first notice. I called your office and was told to send the report along with the \$150.00 check and this letter. Had I received the report I would surely have sent it in on time. Unfortunately we have had some difficulty in receiving some of our mail. I hope it does not continue in the future. Please accept this notification, form and check.


Jacquelyn Davis