


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 30, 1999 8:00 am
Secretary of State

04-30-1999 90036 008 ***150.00



PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000045239					
1. Corporation Name LIGHTNING TRANSCRIPTION, INC.					
Principal Place of Business 568 LONGWOOD CIRCLE OLDSMAR FL 34677			Mailing Address 568 LONGWOOD CIRCLE OLDSMAR FL 34677		
DO NOT WRITE IN THIS SPACE					
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 05/20/1998	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number 59-3516459	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24 Country		29 Country		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
AMERILAWYER 343 ALMERIA AVENUE CORAL GABLES FL 33134			81 Name Mary Ellen Millox		
			82 Street Address (P.O. Box Number is Not Acceptable) 568 Longwood Circle		
			83		
			84 City Oldsmar FL 85 Zip Code 34677		
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 <i>Mary Ellen Millox</i> Mary Ellen Millox 4/27/99 <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)</small>					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
12.1 TITLE <input type="checkbox"/> DELETE			1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.2 NAME MILLER, MARY E			1.2 NAME		
12.3 STREET ADDRESS 568 LONGWOOD CIRCLE			1.3 STREET ADDRESS		
12.4 CITY-ST-ZIP OLDSMAR FL 34677			1.4 CITY-ST-ZIP		
12.5 TITLE <input type="checkbox"/> DELETE			2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.6 NAME			2.2 NAME		
12.7 STREET ADDRESS			2.3 STREET ADDRESS		
12.8 CITY-ST-ZIP			2.4 CITY-ST-ZIP		
12.9 TITLE <input type="checkbox"/> DELETE			3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.10 NAME			3.2 NAME		
12.11 STREET ADDRESS			3.3 STREET ADDRESS		
12.12 CITY-ST-ZIP			3.4 CITY-ST-ZIP		
12.13 TITLE <input type="checkbox"/> DELETE			4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.14 NAME			4.2 NAME		
12.15 STREET ADDRESS			4.3 STREET ADDRESS		
12.16 CITY-ST-ZIP			4.4 CITY-ST-ZIP		
12.17 TITLE <input type="checkbox"/> DELETE			5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.18 NAME			5.2 NAME		
12.19 STREET ADDRESS			5.3 STREET ADDRESS		
12.20 CITY-ST-ZIP			5.4 CITY-ST-ZIP		
12.21 TITLE <input type="checkbox"/> DELETE			6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition		
12.22 NAME			6.2 NAME		
12.23 STREET ADDRESS			6.3 STREET ADDRESS		
12.24 CITY-ST-ZIP			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: *Mary Ellen Millox* **MARY ELLEN MILLOX**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/15/99 **813-818-8333**
Date Daytime Phone #

CR2E034 (11/98)

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