04-09-1999 90004 034 \*\*\*150.00

DO NOT WRITE IN THIS SPACE

## 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

## DOCUMENT # P9800052330

1. Corporation Name  LPM COURT REPORTING, INC.				
	$\mathcal{A}$			
Principal Place of Business	Mailing Address			
1912 SECLUDED WOODS LANE See NEPTUNE BEACH FL 32266	1912 SECLUDED WOODS LANE NEPTUNE BEACH FL 32266			
	New as bres			
2. Principal Place of Business	2a. Mailing Address			
21 2603 WRIGHTSON DL	26 SAME AS 2			
Suite, Apt. #, etc.	Suite, Apt. #, etc.			
22	27			
City & State	City & State			

4. FEI Number 59-3516241 5. Certificate of Status Desired

6. Election Campaign Financing Trust Fund Contribution 8. This corporation owes the current year Intangible

3. Date Incorporated or Qualifed

Personal Property Tax.

06/11/1998

Fee Required \$5.00 May Be Added to Fees

Applied For

Not Applicable \$8.75 Additional

□No 10. Name and Address of New Registered Agent

MALTZ, LEAH P 1912 SECLUDED WOODS LANE **NEPTUNE BEACH FL 32266** 

9. Name and Address of Cu	rrent Registered Agent
, LEAH P ECLUDED WOODS LANE NE REACH EL 32266	address above

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81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83		<del></del>	
84	City	85	Zip Code

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.

Country

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ayent. I a	in taithilar with, and accept the congations of cooper our lessen in terre						
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)  DATE							
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12							
TITLE	PSTD DELETE	1.1 TITLE	☐ Change ☐ Addition				
NAME	MALTZ, LEAH P	1.2 NAME	10 , 15 p				
STREET ADDRESS	MALTZ, LEAH P  1912 SECLUDED WOODS LANE NEPTINE BEACH FI 32266	1.3 STREET ADDRESS	2603 WEIGHTSON DA.				
	NEPTUNE BEACH FL 32266	1.4 CITY-ST-ZIP	2603 WEIGHTSON DA.  JACKSONVILLE FT 32223				
CITY-ST-ZIP	DELETE	2.1 TITLE	Change Addition				
TITLE		2.2 NAME					
NAME							
STREET ADDRESS		2.3 STREET ADDRESS					
CITY+ST-ZIP		2.4 CITY-ST-ZIP	☐ Change ☐ Addition				
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition				
NAME		3.2 NAME					
STREET ADDRESS		3.3 STREET ADDRESS					
CITY-ST-ZIP		3.4. CITY-ST-ZIP					
TITLE	DELETE -	4.1 TITLE	☐ Change ☐ Addition				
NAME		4. 2 NAME					
STREET ADDRESS		4.3 STREET ADDRESS					
UTT-ST-ZIP		4.4 CITY-ST-ZIP					
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition				
NAME		5.2 NAME					
STREET ADDRESS		5.3 STREET ADDRESS					
CITY-ST-ZIP		5.4 CITY-ST-ZIP					
TITLE	DELETE	6.1 TITLE	☐ Change ☐ Addition				
NAME		6.2 NAME					
STREET ADDRESS		6.3 STREET ADDRESS					
		C 4 OFFI OT 750					

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

**SIGNATURE:**