

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

**FILED**  
 00 JAN 25 PM 2:55  
 SECRETARY OF STATE  
 TALLAHASSEE FLORIDA

PROFIT CORPORATION ANNUAL REPORT  
**1998 - 2000**

FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
 Secretary of State  
 DIVISION OF CORPORATIONS



**DOCUMENT #** 886760  
 1. Corporation Name  
**GOODE TRANSCRIPTION INC.**

Principal Place of Business Mailing Address  
**8351 N W 19 Street - Same -**  
**Pembroke Pines, FL 33025**

DO NOT WRITE IN THIS SPACE  
 3. Date Incorporated or Qualified  
**10/11/91**

2. Principal Place of Business  
 21 **8351 N W 19 Street**  
 Suite, Apt. #, etc.  
 22 City & State  
**Pembroke Pines, FL**  
 Zip Country  
**33025 U.S.A.**

4. FEI Number  
**65-0294007**  
 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 or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

9. Name and Address of Current Registered Agent  
**Paula W. Goode**  
**8351 N W 19 Street**  
**Pembroke Pines, FL 33025**

10. Name and Address of New Registered Agent  
 81 Name **Paula W. Goode**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**8351 N W 19 Street**  
 83  
 84 City **Pembroke Pines** **FL** 85 Zip Code **33025**

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 *Paula W. Goode* DATE **1-18-2000**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS	
TITLE	<b>President/Secretary/Treasurer/Dir</b>
NAME	<b>Paula W. Goode</b>
STREET ADDRESS	<b>8351 N W 19 Street</b>
CITY-ST-ZIP	<b>Pembroke Pines, FL 33025</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	<b>Paula W. Goode</b>
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	<b>Vice-President/Dir.</b>
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>Wilford M Goode</b>
2.3 STREET ADDRESS	<b>8351 N W 19 Street</b>
2.4 CITY-ST-ZIP	<b>Pembroke Pines, FL 33025</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	<b>800003119788-4</b>
3.4 CITY-ST-ZIP	<b>-02/01/00--01140--004</b>
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	<b>****450.00</b>
4.3 STREET ADDRESS	<b>****/50.00</b>
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.  
 SIGNATURE: *Paula W. Goode*, President DATE **1-18-2000**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #