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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1997 **DOCUMENT # V19485**

(4)

COURTROOM TECHNOLOGIES, INC. Principal Place of Business Mailing Address 403 N. MORGAN STREET SUITE 100 TAMPA FL 33602 TAMPA FL 33602 TAMPA FL 33602													
Fr	····		••••				3. Date In 03/05	corporated of	r Qualified		Date of Last F 0/31/1996	Report	
2, Principal I 21 730	Place of Business S. STERLING AVE	2a. Mailing	Address				4. FEI Nur 59-3	nber 172259				oplied For ot Applicable	
	Suite, Apt. #, etc. Suite, Apt. #, etc. 27 City & State City & State						Certificate of Status Desired			\$8.75 Additional Fee Regulred			
City & Sta							6. Election Campaign Financing Trust Fund Contribution					\$5.00 May Be Added to Fees	
7p 336	Country 25	Z _I p		Countr	У	·	8. This co		s liability fo		le tax under a		
	9. Name and Address of Current		ent	1001				nd Addres					
LIA	CLEOD, GARY W.		·····	81	1	Name							
340	07 W. MCKAY AVENUE			82	2 8	Street Addre	ess (P.O. Box	Number is N	lot Accept	able)			
IA	MPA FL 33609			83	+								
					_							<u></u>	
				84	1	City				F	L 85 Zip	Code	
office or	to the provisions of Sections 607.0502 registered agent, or both, in the State c arm familiar with, and accept the obligat Signatur, typed or proled name of registered agent	if Florida. Such ions of, Section	change was 607.0505, Fi	authorized b orida Statute	y tr s.	ne corporati	on's board of	directors. I f	ereby acc	ept the ap	opointment as	registered	
12.	OFFICERS AND			13.					S TO OFF	ICERS AN	D DIRECTOR	S IN 12	
TITLE	D		DELETE	1.1 TITLE		·	<u>.</u> D				Change	Addition	
NAME	MACLEOD, GARY W.			1.2 NAME		l M	TARION	P·L	A SF	ALA			
STREET ADDRESS	3407 W. MCKAY AVENUE			1.3 STREE	TAD			SHUNE					
CITY-ST-ZIP	TAMPA FL 33609			1.4 C(TY-	ST-2	zie l	DAYNE	NT	074	מר			
TITLE			DELETE	2.1 TITLE							Change	Addition	
NAME				2.2 NAME									
STREET ADDRESS				2.3 STREE	T AD	oress							
CITY-ST-ZIP				2.4 CITY-	ST-	ZIP							
TITLE			DELETE	31 TITLE							Change	Addition	
NAME				3.2 NAME									
STREET ADORESS				3.3 STREE	T AD	DRESS							
City-ST-ZIP				3.4. CITY-		ZIP			···				
THTEE	\		DELETE	4.1 TITLE		-					Change	Addition	
NAMÉ				4. 2 NAMI									
STREET ADDRESS				4.3 STREE	CA T	DRESS							
CITY - S1 - ZIP				4.4 CiTY-	ST-Z	ZIP					····		
TITLE	1		DELETE	5.1 TITLE							Change	Addition Addition	
NAME				52 NAME		1							
STREET ADDRESS				53 STREE	T AD	DRESS							
CITY-ST-ZIP	Į			54 CITY-	ST-Z	ZIP (

14. I do 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 appears.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SI	G	N	A'	T	U	R	E

TITLE

NAME STREET ADDRESS

CITY - ST - ZIP

DELETE

Addition

FILED

May 15 1997 8:00am

Secretary of State