

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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90088 015 \*\*\*150.00

0308064

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
 Secretary of State  
 DIVISION OF CORPORATIONS

DOCUMENT # V19485

1. Corporation Name  
**COURTROOM TECHNOLOGIES, INC.**



DO NOT WRITE IN THIS SPACE

Principal Place of Business  
 730 S STERLING AVE  
 #300  
 TAMPA FL 33609  
 US

Mailing Address  
 403 N. MORGAN STREET  
 SUITE 100  
 TAMPA FL 33602

3. Date Incorporated or Qualified  
**03/05/1992**

4. FEI Number  
**59-3172259**

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 Tax.  Yes  No

2. Principal Place of Business  
 21 **730 S. Sterling Ave**  
 Suite, Apt. #, etc.  
 22 **#300**  
 City & State  
 23 **Tampa Florida**  
 Zip Country  
 24 **Florida** 25 **US**

2a. Mailing Address  
 26 **730 S. Sterling Ave**  
 Suite, Apt. #, etc.  
 27 **#300**  
 City & State  
 28 **Tampa Florida**  
 Zip Country  
 29 **33609** 30 **US**

9. Name and Address of Current Registered Agent

**MACLEOD, GARY W.**  
**3407 W. MCKAY AVENUE**  
**TAMPA FL 33609**

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

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  
Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**4/7/99**  
 DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MACLEOD, GARY W.</b>	
STREET ADDRESS	<b>3407 W. MCKAY AVENUE</b>	
CITY-ST-ZIP	<b>TAMPA FL 33609</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>LA SALA, MARION P</b>	
STREET ADDRESS	<b>305 TERHUNE DRIVE</b>	
CITY-ST-ZIP	<b>WAYNE NJ</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		

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
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, with all other like empowered.

SIGNATURE: \_\_\_\_\_  
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/7/99**  
 Date

**813 354 8856**  
 Daytime Phone #

CR2E034 (11/98)