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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V24988

(0)

DYNASTY COURT REPORTING SERVICE, INC. Principal Place of Business Mailing Address 2855 MYRTLE OAK CIRCLE 2855 MYRTLE OAK CIRCLE							
2955 MYRTLE OAK CIRCLE 2955 MYRTLE OAK CIRCL DAVIE FL 33328 DAVIE FL 33328-6739			MOLE	1	1		
is					3. Date Incorporated or Qualified 03/31/1992	3a. Date of Last F 07/15/1996	leport
Principal Place of Business The Principal Place of Business The Principal Place of Business		2a. Mailing Address	2e. Mailing Address 26		4. FEI Number 65-0324401	A	pplied For ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State		City & State	City & State		6. Election Campaign Financing \$5.00 May Be		
23		28	├~~¬ ´		Trust Fund Contribution Added to Fees		
Zip			Countr	у	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 Name and Address of Curr	25 29 30 Iame and Address of Current Registered Agent			Florida Statutes Yes D No 10. Name and Address of New Registered Agent		
MAN	IDEL, SUZANNE		B1	Name			
2955 MYRTLE OAK CIRCLE			82	Street Add	dress (P.O. Box Number is Not Acceptab	le)	
DAVIE FL 33328			83				
			64	<u> </u>		las I Zin	Code
				1	FL 85 Zip Code		
	to the provisions of Sections 607 0: egistered agent, or both, in the Starn familiar with, and accept the obl	te of Florida Such change wigations of Section 607.0505	atutes, the above as authorized b i, Florida Statute	re-named cor y the corpora s.	rporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing i of the appointment as	is registered registered
SIGNATURE	Signature typed or printed nacie of registered (agent and fit e if applicable	(NOTE: Registered Ac	jent signature req	uired when reinstating)	DATE	
12.	OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFIC		Addition
TITLE P DELETE NAME MANDEL, SUZANNE M			1.1 TITLE 1.2 NAME	Ì		Change	M Additions
STREET ADDRESS 2955 MYRTLE OAK CIRCLE				T ADDRÉSS			
CITY - ST - ZIP	DAISE EL COCCO			ST-ZIP			
TITLE	V □ DELETE		2 1 TITLE			Change	☐ Addition
NAME	MANDEL, MARLA		22 NAME	- ' \			
STREET ADDRESS	DAIRE EL CORCA			T ADDRESS	N.		
CITY-ST-ZIP TITLE	DATIL TE 30020	DELETE	2. 4 CiTY- 3.1 TiTLE	-SI-ZIP		Change	Addition
NAME			3.2 NAME				
STREET ADDRESS			3.3 STREE	T ADDRESS			{
CITY-ST-ZIP			3.4. CITY-	ST-ZIP			
TITLE	l	☐ DELETE	4.1 TITLE			☐ Change	Addition
NAMÉ			4. 2 NAM				
STREET ADDRESS				TADORESS			
CITY-ST-ZIP TITLE		DELETE	44 CITY- 51 TITLE			Change	☐ Addition
NAME	DELETE		5.2 NAME				
STREET ADDRESS				T ADDRESS			Ì
CITY-ST-ZIP			5.4 CITY-	· · · · · ·			
TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME]			
STREET ADDRESS			6.3 STAE	T ADDRESS			
CHTY-ST-ZIP			6.4 CITY-	ST-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 12 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

18/94 (954)463-2933

FILED

Jan 29 1997 8:00am

Secretary of State

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