

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **P95000074947 (9)**

1. Corporation Name

CONVERSATIONALLY YOURS, INC.



Principal Place of Business *17R* Mailing Address *17R*
2451 BRICKELL AVE., SUITE ~~714~~
MIAMI FL 33129 **2451 BRICKELL AVE., SUITE ~~714~~**
MIAMI FL 33129

2. Principal Place of Business
21 Suite, Apt #, etc. *17R*
22 City & State
23 Zip Country
24 25
2a. Mailing Address
26 Suite, Apt #, etc. *17R*
27 City & State
28 Zip Country
29 30

3. Date Incorporated or Qualified **09/28/1995** 3a. Date of Last Report
4. FEI Number *65-0617640* 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 has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LEWIS, HAROLD L ESO
ONE BISCAYNE TOWER, SUITE 3660
TWO SOUTH BISCAYNE BLVD.
MIAMI FL 33131

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 (delete if applicable)

(NOTE: Registered Agent signature required when transferring)

DATE

12. OFFICERS AND DIRECTORS
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP
TITLE DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE Change Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP
2. TITLE Change Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP
3. TITLE Change Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP
4. TITLE Change Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP
5. TITLE Change Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP
6. TITLE Change Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

President
Michelle Hoffman
2451 Brickell Ave #17R
Miami, FL 33129

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: *Michelle Hoffman*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9/15/96 (308) 858-4528
Date of Filing

CR2E034 (12/95)