

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

FILED
May 07 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # **P97000015759 (8)**
 1. Corporation Name
MY TALKING RESUME, INC.



Principal Place of Business: ~~1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071~~
 Mailing Address: ~~1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071~~

DO NOT WRITE IN THIS SPACE
 3. Date Incorporated or Qualified
02/19/1997

2. Principal Place of Business
 21 **138 N. SWINTON AVE**
 Suite, Apt. #, etc.
 22
 City & State
 23 **DELRAY BEACH, FL**
 Zip Country
 24 **33444** 25 **FLORIDA**
 26 **90 RS SIMMS**
 Suite, Apt. #, etc.
 27 **138 N. SWINTON AVE**
 City & State
 28 **DELRAY BEACH, FL**
 Zip Country
 29 **33444** 30 **FLORIDA**

4. FEI Number
59-3438780
 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
DOBROW, RICHARD S
~~1401 UNIVERSITY DRIVE SUITE 301 CORAL SPRINGS FL 33071~~

10. Name and Address of New Registered Agent
 81 Name **RS SIMMS**
 82 Street Address (P.O. Box Number is Not Acceptable)
138 N. SWINTON AVE
 83
 84 City **DELRAY BEACH** FL 85 Zip Code **33444**

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 **RS Simms** **RS Simms** **5/1/98**
 Signature typed for printed name of registered agent, if that applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<input type="checkbox"/> DELETE
NAME	P HENRICHS, JOHN
STREET ADDRESS	1401 UNIVERSITY DR., SUITE 301
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> DELETE
NAME	ST HENRICHS, ANITA
STREET ADDRESS	1401 UNIVERSITY DR., SUITE 301
CITY-ST-ZIP	CORAL SPRINGS FL 33071
TITLE	<input type="checkbox"/> DELETE
NAME	D RS SIMMS
STREET ADDRESS	6501 CONTEMPO LN
CITY-ST-ZIP	BOCA RATON, FL 33433
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 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 checked="" 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 as an attachment with an address.

SIGNATURE **RS Simms** **RS Simms** **4/3/98** **(41) 279-7511**

CR2E034 (10/97)