

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

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

03-10-1999 90098 032 \*\*\*150.00

0319501

PROFIT CORPORATION  
 ANNUAL REPORT  
**1999**



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

**DOCUMENT # P98000052982**

1. Corporation Name  
**EZ TALK, INC.**

Principal Place of Business  
**222 LAKEVIEW AVE  
 WEST PALM BEACH FL 33401**

Mailing Address  
**222 LAKEVIEW AVE  
 WEST PALM BEACH FL 33401**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**06/10/1998**

2. Principal Place of Business  
**21 222 Lakeview Avenue**

2a. Mailing Address  
**26 265 Sunrise Avenue**

4. FEI Number  
**65-0867538**

Applied For  
 Not Applicable

Suite, Apt. #, etc.  
**22 Suite 160-217**

Suite, Apt. #, etc.  
**27 Suite 204**

5. Certificate of Status Desired  **\$8.75** Additional Fee Required

City & State  
**23 West Palm Beach, FL**

City & State  
**28 Palm Beach, FL**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00** May Be Added to Fees

Zip Country  
**24 33401 25 USA**

Zip Country  
**29 33480 30 USA**

8. This corporation owes the current year Intangible Personal Property Tax.  Yes  No

9. Name and Address of Current Registered Agent

**MINTMIRE, DONALD F  
 265 SUNRISE AVE, STE 204  
 PALM BEACH FL 34480**

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)

DATE

12. OFFICERS AND DIRECTORS	
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	
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	P,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	A. Rene Dervaes, Jr.
1.3 STREET ADDRESS	222 Lakeview Avenue, #160-217
1.4 CITY-ST-ZIP	West Palm Beach, FL 33401
2.1 TITLE	S,T,D <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Johanna Bonnier
2.3 STREET ADDRESS	222 Lakeview Avenue, #160-217
2.4 CITY-ST-ZIP	West Palm Beach, FL 33401
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

Date

Daytime Phone #

3-3-99

CR2E034 (1/98)