

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

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 APR -7 AM 5:50

DOCUMENT # F94000002194 (8)

1. Corporation Name

TELETALK INTERNATIONAL SERVICES, INC.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Principal Place of Business

Mailing Address

5521 QUAIL COURT  
CLIFTON VA 22024

5521 QUAIL COURT  
CLIFTON VA 22024

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

3a. Date of Last Report

04/28/1994

4. FCI Number

Applied For

65-0475522

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 § 199.032,  
Florida Statutes

☒ Yes

☐ No

2. Principal Place of Business

2a. Mailing Address

21 State, Apt. #, etc.

26 State, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MCCURRY, WILLIAM  
21301 POWERLINE ROAD, SUITE 204  
BOCA RATON FL 33433

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 607.0612 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 607.0506, Florida Statutes.

SIGNATURE

(Print name of person signing and print name of corporation)

(If the filer is not a shareholder, print name of shareholder)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|     |                |                       |
|-----|----------------|-----------------------|
| 12a | NAME           | PC<br>RICE, RICHARD J |
| 12b | STREET ADDRESS | 14211 CANTEEN COURT   |
| 12c | CITY, ST, ZIP  | CENTREVILLE VA        |
| 12d | NAME           | VSTD<br>BROWN, KIM    |
| 12e | STREET ADDRESS | 5521 QUAIL COURT      |
| 12f | CITY, ST, ZIP  | CLIFTON VA            |
| 12g | NAME           |                       |
| 12h | STREET ADDRESS |                       |
| 12i | CITY, ST, ZIP  |                       |
| 12j | NAME           |                       |
| 12k | STREET ADDRESS |                       |
| 12l | CITY, ST, ZIP  |                       |
| 12m | NAME           |                       |
| 12n | STREET ADDRESS |                       |
| 12o | CITY, ST, ZIP  |                       |

|     |          |                                                                   |
|-----|----------|-------------------------------------------------------------------|
| 13a | 1. NAME  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13b | 2. NAME  |                                                                   |
| 13c | 3. NAME  |                                                                   |
| 13d | 4. NAME  |                                                                   |
| 13e | 5. NAME  |                                                                   |
| 13f | 6. NAME  |                                                                   |
| 13g | 7. NAME  |                                                                   |
| 13h | 8. NAME  |                                                                   |
| 13i | 9. NAME  |                                                                   |
| 13j | 10. NAME |                                                                   |
| 13k | 11. NAME |                                                                   |
| 13l | 12. NAME |                                                                   |
| 13m | 13. NAME |                                                                   |
| 13n | 14. NAME |                                                                   |
| 13o | 15. NAME |                                                                   |
| 13p | 16. NAME |                                                                   |
| 13q | 17. NAME |                                                                   |
| 13r | 18. NAME |                                                                   |
| 13s | 19. NAME |                                                                   |
| 13t | 20. NAME |                                                                   |

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 133.051(4)(b), Florida Statutes. I further certify that the information included in 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 and am registered or become, empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this document, and any other history with an addition.

SIGNATURE:   
SIGNATURE AND TYPE PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/31/95 703-934-6138