


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

FILED

Jun 05 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F94000002194 (8) 1. Corporation Name TELETALK INTERNATIONAL SERVICES, INC.		



Principal Place of Business 5521 QUAIL COURT CLIFTON VA 22024	Mailing Address 5521 QUAIL COURT CLIFTON VA 20124-0903
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2. Principal Place of Business 21 3435 NW 59th STREET Suite, Apt. #, etc. 22		2a. Mailing Address 26 3435 NW 59th STREET Suite, Apt. #, etc. 27		3. Date Incorporated or Qualified 04/28/1994	3a. Date of Last Report 06/20/1996
City & State 23 BOCA RATON FL Zip 24 33496		City & State 28 BOCA RATON FL Zip 29 33496		4. FEI Number 65-0475522	Applied For <input type="checkbox"/> Not Applicable
Country 25 PALM BCH		Country 30 PALM BCH		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent MCCURRY, WILLIAM 21301 POWERLINE ROAD, SUITE 204 BOCA RATON FL 33433				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	
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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				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PC	<input checked="" type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	RICE, RICHARD J			1.2 NAME			
STREET ADDRESS	13020 FELDSPAR CT.			1.3 STREET ADDRESS			
CITY-ST-ZIP	CLIFTON VA			1.4 CITY-ST-ZIP			
TITLE	VSTD	<input type="checkbox"/> DELETE		2.1 TITLE	VSTD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	BROWN, KIM			2.2 NAME	BROWN, KIM		
STREET ADDRESS	5521 QUAIL COURT			2.3 STREET ADDRESS	3435 NW 59th STREET		
CITY-ST-ZIP	CLIFTON VA			2.4 CITY-ST-ZIP	BOCA, RATON FL. 33496		
TITLE		<input type="checkbox"/> DELETE		3.1 TITLE	PC	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
NAME				3.2 NAME	RICE, RICHARD Jerry Sr.		
STREET ADDRESS				3.3 STREET ADDRESS	3435 NW 59th STREET		
CITY-ST-ZIP				3.4 CITY-ST-ZIP	BOCA RATON, FL. 33496		
TITLE		<input type="checkbox"/> DELETE		4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				4.2 NAME			
STREET ADDRESS				4.3 STREET ADDRESS			
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				5.2 NAME			
STREET ADDRESS				5.3 STREET ADDRESS			
CITY-ST-ZIP				5.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME				6.2 NAME			
STREET ADDRESS				6.3 STREET ADDRESS			
CITY-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 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* 5/28/97 (561) 241-4491

CR2E034 (9/96)