SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998

TALKING DIRECTORIES, INC.



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # F97000006926 (6)

FILED Aug 13 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- DEPARTMENT OF THE PROPERTY OF THE BOOK O	DITE MENS OFFIN ENTEN FIER ETT TOOT
5311 CLYDE PARK AVENUE. S.W. 5311 CLYDE PARK WYOMING MI 49509 WYOMING MI 4950						
					DO NOT WRITE IN T	HIS SPACE
					3. Date Incorporated or Qualified 12/30/1997	
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
21		26	∤n		38-284 1949	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Sulte, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State		City & State	ê '		6. Election Campaign Financing	\$5.00 May Be
Zip Country		28			Trust Fund Contribution	
24	harman		30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24]	9. Name and Address of Curre		1301		10. Name and Address of New Register	
CT	CORPORATION SYSTEM			Name	9	
1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				32 Street Add	ress (P.O. Box Number is Not Acceptable)	
			`	Stieet Audi	ress (F.O. Box Number is Not Acceptable)	
			1	13		
			1	34 City		85 Zip Code
					F	: L
11. Pursuant	to the provisions of sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statute	es, the above	e-named corpo	ration submits this statement for the purpose o on's board of directors. I hereby accept the ap	f changing its registered
agent. I a	am familiar with, and accept the obli	gations of, section 607.0505, FI	orida Statu	les.	on a bould of differents. I hereby accept the ap	politilient as registered
SIGNATURE						
12.	Signalum, typed or printed name of registered ag	ent and title if applicable. (N ND DIRECTORS	OTE: Registere	Agent signature req	ulred when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS	
TITLE	PSD	DELETE	1.1 TITLI		ADDITIONS/OHANGES TO OFFICE AC	Change Addition
NAME	MORGAN, JOHN P		1.2 NAME			CT Outside CT Vocation
STREET ADDRESS	5311 CLYDE PARK AVENUE,	S.W.	1.3 STRE	ET ADDRESS		·
CITY-\$T-ZIP	WYOMING MI 49509		1.4 CITY	-ST-ZIP		
TITLE	VID	DELETE	2.1 TITLE			Change Addition
NAME	MEIJER, HENDRIK G		2.2 NAM	E		
STREET ADDRESS	2929 WALKER DRIVE, NW		2.3 STREET ADDRESS			
CITY-ST-ZIP	GRAND RAPIDS MI 49504		2.4 CITY			· ·
TITLE		L_ DELETE	3.1 TITLE			Change Addition
NAME ETREET ADDRESS			3.2 NAM			
STREET ADDRESS CITY-ST-ZIP			1	ET ADDRESS		•
TITLE		DELETE	3.4 City-			Channa
NAME		ןן מבנכונ	4.2 NAM			L Change Addition
STREET ADDRESS				ET ADDRESS		
CITY-ST-ZIP			4.4 CITY	1		
TITLE	The state of the s	DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAMI	<u> </u>		
STREET ADDRESS			5.3 STRE	ET ADDRESS		
CITY-ST-ZIP			5.4 CITY-	ST-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAMI	:		
STREET ADDRESS			6.3 STRE	ET ADDRESS		
CITY-ST-ZIP			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.