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

PROFIT
CORPORATION
ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # J14464

(8)

LET'S TALK, INC.

Principal Place of Business Mailing Address 140 N BEACH ST PO 80X 107 DAYTONA BEACH FL 32115-0107 DAYTONA BCH FL 32114 US 3. Date Incorporated or Qualified 3a. Date of Last Report 05/16/1986 03/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-2675730 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Sfatus Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be Added to Fees 23 28 Trust Fund Contribution Country Country Zip Zio 8. This corporation has liability for intangible tax under s. 199.032, Yes No 25 29 30 Florida Statutes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BARENBAUM, BRUCE 632 MARINA POINT DRIVE 82 Street Address (P.O. Box Number is Not Acceptable) DAYTONA BEACH FL 32114 83 84 City Zip Code 85 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 DELETE Change Addition TITLE 1.1 TITLE BARENBAUM, BRUCE 1.2 NAME E034 HAME **632 MARINA POINT DRIVE** 1.3 STREET ADDRESS STREET ADDRESS **DAYTONA BEACH FL 32114** 14 CITY - ST- ZIP CITY ST ZP DELETE ☐ Change Addition THILE 21 TITLE 2.2 NAME NAME 23 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP City - S1 - Zir DELETE Change Addition Title 31 TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4 CITY-ST-ZIP CHY - \$1 - 71P DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY - ST-ZIP CITY - ST - ZIP Addition DELETE Change TITLE 5.1 TITLE NAM: 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP C-TY - \$1 - 2IP DELETE 6.1 TITLE Change Addition TITLE 6.2 NAME NAME STREET ADDRESS 6.3 STREET ADDRESS 6.4 CITY-\$1-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 efficer or director of the corporation or the received or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name

SIGNATURE:

appears in Block 12 or Block 1

THE AND TYPED OR PHANES OF SIGNING OFFICER OR DIRECTOR

1-17-97

BB-5825 Dayline Prione #

FILED

Jan 29 1997 8:00am

Secretary of State