

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000045548 (3)

1. Corporation Name

THE SPEECH TEAM, INC.



Principal Place of Business

Mailing Address

5110 LONGBOAT BLVD E
TAMPA FL 33615
US

5110 LONGBOAT BLVD E
TAMPA FL 33615
US

3. Date Incorporated or Qualified
06/23/1993

3a. Date of Last Report
08/08/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

4. FEI Number
59-3234171

Applied For
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 s. 199.032,
Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STEFANAKOS, KARLENE M
-19202 BLOUNT ROAD- 5110 E. LONGBOAT BLVD.
LUTZ FL 33549 TAMPA, FL 33615

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME STEFANAKOS, KARLENE M
STREET ADDRESS 19202 BLOUNT RD.
CITY- ST- ZIP LUTZ FL ☐ DELETE

11 TITLE P
12 NAME STEFANAKOS, KARLENE M
13 STREET ADDRESS 5110 E. LONGBOAT BLVD
14 CITY- ST- ZIP TAMPA, FL 33615 ☒ Change ☐ Addition

TITLE ST VP
NAME STEFANAKOS, ELIAS K
STREET ADDRESS 19202 BLOUNT RD.
CITY- ST- ZIP LUTZ FL ☐ DELETE

21 TITLE VP
22 NAME STEFANAKOS, ELIAS K
23 STREET ADDRESS 5110 E. LONGBOAT BLVD
24 CITY- ST- ZIP TAMPA, FL 33615 ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY- ST- ZIP ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

41 TITLE ST
42 NAME STEFANAKOS, CONSTANTINE E.
43 STREET ADDRESS 5110 E. LONGBOAT BLVD
44 CITY- ST- ZIP TAMPA FL 33615 ☐ Change ☒ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY- ST- ZIP ☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP ☐ DELETE

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY- ST- ZIP ☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Constantine Stefanakos

Constantine ELIAS stefanakos

6/6/96

(813) 855-4949

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (3/96)