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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS 1996 DOCUMENT # P93000045548 (3)

| THE SPEECH TEAM, INC. Principal Place of Business Mailing Address | | | | | | | | |
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| 5110 LONGBOAT BLVD E 5110 LONGBOAT BLVD E TAMPA FL 33615 TAMPA FL 33615 | | | | : | | | | |
| JS | | US | | | | Date Incorporated or 06/23/1993 | | ate of Last Report (08/1995 |
| Principal Pia | ace of Business | 2a, Mailing A | ddress | | | 4. FEI Number | | Applied For |
| Thicipartia | acc of Education | 26 | | | | 59-3234171 | | Not Applicab |
| Suite, Apt. # | l, etc | Suite, Ap | t #, etc. | | | 5. Certificate of Status | Desired | \$8.75 Additional Fee Required |
| | | 27 | | | | | | |
| City & State | | City & St. | ate | | | Election Campaign F Trust Fund Contribution | 1 1 | \$5.00 May Be Added to Fees |
| 7.0 | Country | 28 Zip | | Country | | This corporation has | | |
| Zıp | 25 | 29 | | 30 | • | Florida Statutes | Yes _ | No |
| | 9. Name and Address of Currer | | nt | | | 10. Name and Address | of New Registered | Agent |
| STE | FANAKOS, KARLENE M | | | 81 | Name | | | |
| | DE BLOUNT ROAD 5110 | E. LONGE | OAT P | 3 L V D 82 | Street Add | dress (P.O. Box Number is No | ot Acceptable) | |
| | ZFL 33549 TAMPA | | | | <u> </u> | | | |
| 5511 | ,,,,,,, | 16 5501 | ۵ | 83 | i i | | | |
| | | | | 84 | Sity | | FL | 85 Zip Code |
| | o the provisions of Sections 607,050 | | | | <u>L</u> | | | |
| office or re | egistered agent, or both, in the State | | | | | | | |
| IGNATURE | n familiar with, and accept the oblig | | 607 0505, Fi | orida Statutes | s S | poration subtrins this state in kloon's board of directors. The wed when renstating! | CM.F | |
| GNATURE | Signature typed or pricted name of registered ag | | (NO | orida Statutes | ent a gnature req | ewed when reinstating) ADDITIONS/CHANGE | CM.F | D DIRECTORS IN 12 |
| GNATURE | Signature typed or protect name of registered ag OFFICERS AN | gent and little if applicable | 607 0505, Fi | orida Statutes III. Rog stored Ag 13. | ent a gnature req | ADDITIONS/CHANGE | DATE S TO OFFICERS AN | D DIRECTORS IN 12 Change Addit |
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number certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal chief, as in 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.

Enstanting Elias Stefanakos 6/6/96 BIGNING OFFICER OF DIRECTOR