Applied For

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ Yes

Not Applicable

□No

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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P93000045548

Country

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THE SPEECH TEAM, INC.

Principal Place of Busines	:5
5110 LONGBOAT BLVD E	

2. Principal Place of Business

Suite, Apt. #, etc.

City & State

TAMPA FL 33615

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5110 LONGBOAT BLVD E **TAMPA FL 33615** 

2a. Mailing Address

City & State

Suite, Apt. #, etc.

Mailing Address

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## **FILED** Mar 09, 1999 8:00 am Secretary of State

03-09-1999 90136 007 \*\*\*150.00



	DO NOT WRITE IN THIS SPAC
3.	Date Incorporated or Qualifed

06/23/1993

59-3234171

5. Certificate of Status Desired

Trust Fund Contribution

Personal Property Tax.

Election Campaign Financing

8. This corporation owes the current year Intangible

FEI Number

	9. Name and Address of Current Registered Agent	1			10. Name and Address of New Registered A	r <del>g</del> enr	
		1	B1	Name		-	
	Fanakos, Karlene M ) e Longboat Blvd	1	82 Street Address (P.O. Box Number is Not Acceptable)				
	PA FL 33615	1	83				
			_			T1 -:	0.4
			84	City	<u> </u>	<u> </u>	Code
office or re	to the provisions of Sections 607.0502 and 607.1508, Florida Statute egistered agent, or both, in the State of Florida. Such change was aum familiar with, and accept the obligations of, Section 607.0505, Flori	ithorized I	by ti	named one corpo	corporation submits this statement for the purpose of cration's board of directors. I hereby accept the appoin	changing it itment as r	s registered egistered
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable. (NOTE:	Registered A	nent	sionature ri	equired when reinstating) DATE		
12,	OFFICERS AND DIRECTORS	13.	95111	3010000	ADDITIONS/CHANGES TO OFFICERS AN	D DIRECT	ORS IN 12
TITLE	P DELETE	1.1 TITL	 .E			Change	
NAME	STEFANAKOS, KARLENE M	1.2 NAW	Æ				
STREET ADDRESS	5110 E LONGBOAT BLVD	1.3 STR	EET/	ADDRESS			
CITY-ST-ZIP	TAMPA FL	1.4 CITY	/-ST-	ZIP			
TITLE	VP □ DELETE	2.1 TITL	E			Change	Addition
NAME	STEFANAKOS, ELIAS K	2.2 NAM	Æ				
STREET ADDRESS	5110 E LONGBOAT BLVD	2.3 STR	EET/	ADDRESS	}		i
CITY-ST-ZIP	TAMPA FL	2.4 CIT	Y-ST	-ZIP			
TITLE	TS DELETE	3.1 TITL	E			Change	Addition
NAME	STEFANAKOS, CONSTANTINE E	3.2 NAM	Æ				:
STREET ADDRESS	5110 E LONGBOAT BLVD	33 STR	EET/	ADDRESS			
CITY-ST-ZIP	TAMPA FL	3.4. CIT		- ZIP		<u></u>	M Addition
TITLE	_ DELETE	4.1 TITL	E.			Change	Addition
NAME		4. 2 NA	ME				·
STREET ADDRESS		4.3 STR	EET	ADDRESS			
CITY-ST-ZIP		4.4 CITY		ZIP		☐ Change	Addition
TITLE	DELETE	5.1 TITL		İ			Addision
NAME		5.2 NAA		ADDOFFE			
STREET ADDRESS			-	ADDRESS			
CITY-ST-ZIP		5.4 CIT		ZIP		□ Change	Addition
TITLE	DELETE	6.2 NAM	_			LJ Grange	
NAME				ADDOCCO			
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP	Control of the state of the sta	6.4 CIT			Lin Section 110 07/21/i) Florida Statutes I further con	ify that the	information
14. I hereby of indicated	certify that the information supplied with this filing does not qualify for on this annual report or supplemental annual report is true and accur	rate and t	ipuc hat	my sign	ature shall have the same legal effect as if made under	r oath; tha	t I am an

Country

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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, with all other like empowered.