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

DOCUN 1. Corporation	MENT # P9400	0042076 (7)				
TALK INTERNATIONAL, INC.						
Principal Place	of Business	Maing Address				
27259 RUE DE PAIX BONITA SPRINGS FL 33923		27259 RUE DE PAIX BONITA SPRINGS FL 33923				
					3. Date Incorporated or Qualified 06/06/1994	3a. Date of Last Report 04/24/1995
2. Principal Pl	ace of Business	2a. Mailing Address 26			4. FEI Number 65-0496290	Applied For Not Applicable
Suite, Apt :	#, etc	Suite, Apt. #, etc.			5. Certificale of Status Desired	\$8.75 Additional Fee Required
City & State	)	City & State			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
24 34	135 Z5 Country		Country 10	y 	This corporation has liability for in Elorida Statutes	Yes No
140	9. Name and Address of Currer	t Registered Agent	81	Name	10. Name and Address of New Re	gistered Agent
MCGRATH, ROBERT R. 27259 RUE DE PAIX				82 Street Address (P.O. Box Number is Not Acceptable)		
BONITA SPRINGS FL 33923						
			83			
			84	City		FL 85 32 Sod 35
office or re	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida, Such change was aut ations of, Section 607.0505, Flori	horized by da Statutes	the corpora 3.	poration submits this statement for the pution's board of directors. I hereby accept	rpose of changing its registered the appointment as registered
12.	Signature, typed or printed name of registered age OFFICERS AN	D DIRECTORS	13.	est, signature requ	ADDITIONS/CHANGES TO OFFIC	
TITLE	DPST	DELETE	1 1 TITLE			Change Addition
NAME	MCGRATH, ROBERT R		1.2 NAMÉ			
STREET ADDRESS	27259 RUE DE PAIX BONITA SPRINGS FL 33923			FADDRESS		
CHY-ST-ZIP THILE	DOMIN OF MINGO PE 30923	DELETE	14 CiTY - 2 1 TiTLE	21-7IF		Change   Addition
NAME			2 2 NAME			<u> </u>
STREET ADDRESS			2 3 STHEE	T ADDRESS		
CITY - ST - ZIP			2 4 CITY	ST - ZIF		
TITLE		DELFTE	3 1 TITLE	]		Change Addition
NAME			3 2 NAME			
STREET ADDRESS				LADDRESS		
CITY-ST-ZIP TITLE		DELETE	34 CITY -	SI-7IP		Change Addition
NAME			4 2 NAME	:		
STREET ADDRESS				1 ADDRESS		
CITY-ST-ZIP			4 4 CITY -			
TITLE	····	DELETE	5 1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	T ADDRESS		
City-St-ZiP			5 4 CITY -	ST - ZIP		
TITLE		☐ DETELE	6 1 TATLE			Change Addition
NAME	1		6.2 NAME	[		

64 CITY-S1-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not quality for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information and cated 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 any an officer of 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 B 127 Florida Statutes, and that my name appears in B 127 Florida Statutes and that my name appears in B 127 Florida Statutes.

6.3 STREET ADDRESS

SIGNATURE:

STREFT ADDRESS

1-13-96

941)992-1004