

File Now. Filing Fee after May 1 is \$225.00

CORPORATION
ANNUAL REPORT
1998 6



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

1. Name and Mailing Address of Corporation: **DOCUMENT #**
P45000010503
STRAIGHT-TALK, INC
2075 MAIN ST. STE 5
SARASOTA, FL 34231

If above mailing address is incorrect in any way, line through incorrect information and enter correction in Block 2.

FILING FEE \$200.00
ANNUAL REPORT \$61.25 + \$138.75 CORPORATION SUPPLEMENTAL FEE
MAKE CHECK PAYABLE TO DEPARTMENT OF STATE

2. Mailing Address
21 **5751 GRANADA DR** **← SAME**
Suite, Apt., #, etc.
22 **STE. 198**
City & State
23 **SARASOTA, FL**
Zip
24 **34231** Country
25 **SARASOTA** 29
30

9. Name and Address of Current Registered Agent

CSC NETWORKS
P.O. Box 591
WILMINGTON, DE 19891
302-998-0595

81 Name **GERALD E. KOYKS, MBA, CPA**
82 Street Address (P.O. Box Number is Not Acceptable)
333 WEST MIAMI AVE
83
84 City **VENICE** FL 85 Zip Code **34285** 86 Country **SARASOTA**

11. Pursuant to the provisions of Sections 607.05(2) and 607.15(4) or Sections 617.01(2) and 617.15(4), Florida Statutes, the above named corporation hereby 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 607.05(2), Florida Statutes.

SIGNATURE **X Gerald E. Koyks**

DATE **4/30/96**

12. OFFICERS AND DIRECTORS
1.1 TITLE **DIRECTOR/PRESIDENT**
1.2 NAME **R. BRUCE DEERY**
1.3 ADDRESS **5751 GRANADA DR. STE 198**
1.4 CITY-STATE-ZIP **SARASOTA, FL 34231**

2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-STATE-ZIP

13. OFFICERS AND DIRECTORS CHANGES
1.1 TITLE
1.2 NAME
1.3 ADDRESS
1.4 CITY-STATE-ZIP
2.1 TITLE
2.2 NAME
2.3 ADDRESS
2.4 CITY-STATE-ZIP
3.1 TITLE
3.2 NAME
3.3 ADDRESS
3.4 CITY-STATE-ZIP
4.1 TITLE
4.2 NAME
4.3 ADDRESS
4.4 CITY-STATE-ZIP
5.1 TITLE
5.2 NAME
5.3 ADDRESS
5.4 CITY-STATE-ZIP
6.1 TITLE
6.2 NAME
6.3 ADDRESS
6.4 CITY-STATE-ZIP

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*****200.00**

5-1-96
DEB

14. I 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 and make under oath. I further certify that I am an officer or director of the corporation, the officer or director empowered to execute this report in compliance with Chapter 607, Florida Statutes, and that my name appears in Block 12, 13, or 14 of this form.

SIGNATURE **R. Bruce Deery**
Print Name **R. Bruce Deery** Signing Officer **R. Bruce Deery** Title **President**

DATE **4/30/96**
Telephone Number **342-333-7754**