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

PROFIT **CORPORATION ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000042788 (6)

CTALKED INC

DOCUMENT #

FILED Jan 28 1998 8:00am Secretary of State

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Principal Plac	ce of Business	Mailing Address		- Indicate our think dulin abilit halli balit	OLDIA SIBIL SABBI SOLOT IBIL DEL
9486 N.W. 14TH CT. 8466 N.W. 14TH CT.					
CORAL SPRINGS FL 33071 CORAL SPRINGS FL		CORAL SPRINGS FL 330	071	DO NOT WRITE IN THE	S CDACE
				3. Date Incorporated or Qualified	SOFACE
		•		06/15/1995	•
	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	<u> </u>	26 Staller In	ζ	65-0593774	Not Applicable
Sulte, Apt.	.#, etc.	Suite, Apt. #, etc.	2195	5. Certificate of Status Desired	\$8.75 Additional
22 City & Stat	<u> </u>	27 1 0 50 × 7 1	~110		Fee Required
23		28 Coral Springs	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	71p	Country	This corporation owes or has paid the c	Added to Fees
24	25	29 33077-2198	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
STALKER, CRAIG 81 Name					
8466 N.W. 14TH CT.			82 Street Addr	ress (P.O. Box Number is Not Acceptable)	
0	ORAL SPRINGS FL 33071			(ver escribings to riot riosoptable)	
			83		
			84 City	FI	85 Zip Code
11. Pursuant	to the provisions A Sections 607.05	502 and 607 1508, Florida Statutos	s, the above-named corp	poration submits this statement for the purpose	of changing its registered
11. Pursuant to the provisions of Sections 607,0502 and 607,1508, Florida Statutos, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, of 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 \ LOVENT +WL					
			Rogistered Agent signature requir	red when reinstating) DATE	
12.		NO DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
TITLE	PD Stalker, Craig	☐ DELETE	1.1 TITLE		Change Addition
NAME	8486 N.W. 14TH CT.		1 2 NAME		
STREET ADDRESS	CORAL SPRINGS FL 3307	1	1.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	COTAL OF MINOS I E SSOT	DELETE	1.4 CITY - ST - ZIP 2.1 TITLE		Change Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-SI-ZIP			2. 4 CITY-ST-ZIP		
TITLE		DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4. 2 NAMF		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CiTY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5 3 STREET ADDRESS		
CITY-ST-ZIP TITLE	-	☐ DELETE	5.4 CITY+ST-ZIP		Change Address
		☐ DETEIE	6.1 TITLE		Change Addition
NAME STREET ADDRESS			6.2 NAME		
CITY-ST-ZIP			6.3 STREET ADDRESS		
14. I hereby o	ertify that the information supplied	with this filing does not qualify for	6.4 City-St-ZiP the exemption stated in S	Section 119.07(3)(i), Florida Statutes I further c	ertify that the information
indicated	on this applied social or curvillation	tal appual report is true and accur	ato and that my algorithm	a shall have the same local offeet as if made w	

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 eath; that I am an 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.