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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000031729 (2)

JIVE TALK, INC.

**FILED** Feb 07 1997 8:00am Secretary of State

		ĺ
	. 1949) IBB (B. 1940) B. 1849 IB	ı

Principal Place of Business		Mailing Address	•	
5781 WASHINGTON STREET		5761 WASHINGTON STR	EET	
SUFFE 3C		SUITE 3C		
HOLLYWOOD FI	L 33023	HOLLYWOOD FL 33023-1	1483	
				3. Date Incorporated or Qualified 3a. Date of Last Report
2 ×				04/10/1996
2. Principal Place of Business		2a. Mailing Address		4. FEI Number Applied For
21		26		65-0658090 Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired \$8.75 Additional
22		27		5. Certificate of Status Desired
<ul> <li>City &amp; State</li> </ul>	3	City & State		Election Campaign Financing \$5.00 May Be
23		28		Trust Fund Contribution   Added to Fees
. Zip	Country	Z(p	Country	This corporation has liability for intangible tax under s. 199.032,
24	25	29	30	Florida Statutes Yes No
	9. Name and Address of Curre		[30]	10. Name and Address of New Registered Agent
CHEI	DON EVANS, P.A.		81 Name	
	N.W. 153RD STREET			LOWELL E. GLICK
			82 Street Add	ress (P.O. Box Number is Not Acceptable)
	E 215		5.7	6) WASHINGTON ST.
MIAN	II FL 33014		83 50,	725 30
: *			84 City /	
			140	FL S Zip Code
11. Pursuant t	to the provisions of Sections 607.0!	502 and 607.1508, Florida Stat	tutes, the above-named cor-	poration submits this statement for the purpose of changing its registered
office or re	egistered agent, or both, in the Sta	te of Florida Such change wa	s authorized by the corpora	tion's board of directors. I hereby accept the appointment as registered
, agent rai	ni ia-ninar witti, and accept the obli	igalions it. Section 507.0505,	rioritra Statutes.	//67
SIGNATURE	Signature, typed or printed name of registered a	ے ہے کہ کے ا	IOTE: Registered Agent signature regu	Washington State of S
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSTD	DELETE		Change Addition
ĺ	GLICK, LOWELL E			LICK, LOWELL E.
E704 WACHINGTON CTOCKT CHITE OC				
STREET ADDRESS HOLLYWOOD FL 33023-1483		1.3 STREET ADDRESS	761 WASHINGTON ST., SUITE 3C.	
CITY-ST-ZIF	HULLTHOOD FL 33023-1463			HOLLY WOOD, FL 33023-1483
TITLE		☐ DELETE		/ S T D ☐ Change ★ Addition
NAME			2.2 NAME	DIANA 4.
STREET ADDRESS			2.3 STREET ADDRESS 🥳	761 WASHINGTON ST., SUITE &C
CITY ST ZIP			2. 4 CITY-ST-ZIP	folly wood FL 33022-1483
TITLE		DELETE	3.1 TITLE	Change Addition
NAME			3.2 NAME	····· • • • • • • • • • • • • • • • • •
STREET ADDRESS			3.3 STREET ADDRESS	
· ·				
CITY-ST-ZIP TITLE		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE	Change Addition
		FT. precit		E preside E vonison
NAME			4. 2 NAME	
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 ADORESS			5.3 STREET ADDRESS	
-CITY - ST - ZIF			5.4 CITY - ST- ZIP	
THEE		DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		house where the	6.2 NAME	State of the state
i			l i	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-S1-ZIP		: T 53 T 100 1 3 3	6.4 CITY - ST - ZIP	d in Coaling 140 07(0)() Florido Coaling I forther coaling that the

I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further 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 as if made under oath; that I am an officer or officet or of the corporation or true 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 mit an attachment with an address.

SIGNATURE:

Heil, LOWELL E. GUCK, 1/23/97