## 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

DOCUMENT # P97000049761 (4)

INTERNATIONAL VOICE PRODUCTIONS, INC.

Principal Place of Business

Mailing Address

## FILED Apr 01 1998 8:00am Secretary of State



202 OCEANWAY DR. MELBOURNE FL 32951		202 OCEANWAY DR. MELBOURNE FL 32951		DO NOT WRITE IN THIS SPACE
				3. Date Incorporated or Qualified 06/01/1997
2. Principal Pl	ace of Business 1 Fourth Ave	26. Mailing Address 26. 201 A Four	4h Au	(4.) FEL Number 1, C 2 2 3 Applied For
Suite, Apt. (		Suite, Apt #, etc.	· · · · · · · · · · · · · · · · · · ·	5. Certificate of Status Desired See Regulred Fee Regulred
City State	bourne Beach	City & State  28 Well burne	Beach	6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip 329	SI 25 Brevard	Zip 29 <b>3295</b> 1 30	Country Dreva	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent
HOFER, CHARLOTTE A 81 Name				
202 OCEANWAY DR.			82 Stree	t Address (P.O. Box Number is Not Acceptable)
MELBOURNE FL 32951			83	
			63	
			84 City	FL 85 Zip Code
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation 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 607.0505, Florida Statutes.				
SIGNATURE Storestore for ed or project hand of the graded agent and title if apposable. (NOTE: Registered Agent signature required when reinstating)  DATE				
12.	Signature syred or printed harric of registered agent OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	n Orrigens/And	DELETE	1.1 TITLE	Change Addition
NAME	HOFER, CHARLOTTE A		1.2 NAME	·
STREET ADDRESS	202 OCEANWAY DR.		1.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32951		1.4 C(TY-ST-ZIP	
TITLE	D	DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	POTTALA, JAMES V		2.2 NAME	
STREET ADDRESS	202 OCEANWAY DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP	MELBOURNE FL 32951		2 4 CITY-ST-ZIP	Total Tables
TITLE		☐ DELETE	3.1 TITLE	LI Change LI Addition
NAME			3 2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP		DELETE	3 4. CITY - ST - ZIP	Change Addition
TITLE NAME		_ Milli	4.1 TIBLE 4. 2 NAME	ELL CHANGE
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 City-St-ZIP	
TATLE		☐ DELE <b>TE</b>	51 TITLE	Change Addition
NAME			52 NAME	
STREET ADDRESS			5 3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	61 TITLE	Change Addition
NAME			62 NAME	
STREET ADDRESS			63 STREET ADDRES	
CITY-ST-ZIP		0.2.60	64 CITY-ST-ZIP	the Continue (40 07/0V/) Florido Clatute I friether partificities that the information
14. I 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 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.				