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

**PROFIT CORPORATION ANNUAL REPORT** 

1**9**98



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000082571 (5)

TALKING NOTEBOOKS, INC.

## May 05 1998 8:00am Secretary of State



Principal Division of Division	11.9 - 4.11			
Principal Place of Business Mailing Address 705 DOUGLAS AVE 705 DOUGLAS AVE				
705 DOUGLAS AVE 705 DOUGLAS AVE ALTAMONTE SPRINGS FL 32714 ALTAMONTE SPRINGS FL 32714		32714	DO NOT WRITE IN THIS	SDACE
			3. Date Incorporated or Qualified	3FACE
			09/23/1997	j
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		59346 9905	Not Applicable
Sulte, Apt. #, etc.	Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
Zip Country	7 <sub>(p)</sub>	Country	Trust Fund Contribution	Added to Fees
24 25	— <u> </u>	30	Personal Property Tax due June 30.	Yes No
9. Name and Address of Co			10. Name and Address of New Registered	
LUDWIG, ERIC W		81 Name		
705 DOUGLAS AVE		82 Street Add	Address (P.O. Box Number is Not Acceptable)	
ALTAMONTE SPRINGS FL 327	14	83		
		84 City		85 Zip Code
11. Pursuant to the provisions of Sections 607	0502 and 607 1508. Florida Statutes	s the above-named cor	poration submits this statement for the purpose of	changing its registered
office or registered agent, or both, in the	State of Florida, Such change was au	thorized by the corpora	tion's board of directors. I hereby accept the app	pointment as registered
SIGNATURE EXCE VO	270,000,000,000	iod ottildes:		
Sign aure, typed or printed name of register		Registered Agent signature requ		
	S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AN	
NAME LUDWIG, ERIC W	/ LI DELETE J	1 1 TITLE		☐ Change ☐ Addition
NAME LUDWIG, ERIC W STREET ADDRESS 705 DOUGLAS AVE		1.2 NAME 1.3 STREET ADDRESS		1
CITY-ST-ZIP ALTAMONTE SPRINGS F	L 32714	1.4 CITY-ST-ZIP		
TITLE D, SC/TREA		2.1 TITLE		Change Addition
NAME A FORM	•	2.2 NAME		
STREET ADDRESS	d Itale Rd. 1, PJ 32750	2.3 STREET ADDRESS		
CITY-ST-ZIP ALC + Land	PL 32750	2. 4 CHY+ ST- ZIP		
TITLE //CCC / /4//4	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 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CHY-S1-ZIP	DELETE	4.4 CITY-ST-ZIP		Change
TITLE	☐ DELETE	5.1 TALE		Change Addition
NAME CONTROL OF THE C		5.2 NAME		-
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP	DELETE	5.4 CITY - ST - ZIP 6.1 TITLE	·	Change Addition
NAME	LJ DULU	il i		ET Overide ET Voorlikkii
		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CITY-ST-ZIP		0.4 GITT - 31 - 21P		

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 oath; 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.