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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90043 044 ***150.00

DOCUMENT # \$20073

1. Corporation Name

THE SPEECH BIN, INC.

Principal Place	e of Business	Mailing Address			•	- 4 INDICATE INDICATE	\$ 8 8 1\$1 1 3888 9 1514 8 1	Băt binii b inie așati	
1965 25TH AVE		-	1965 25TH AVE						
VERO BCH FL 32960		VERO BEACH FL 32960							
US		US			DO NOT WRITE IN THIS SPACE				
						3. Date incorporated or Q 12/19/1990	ualifed		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		A	pplied For
21	The second secon	26		٠		22-2561382	1 - 5:	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.				5. Certifcate of Status De	sired 🗆	-	Additional
22		27				C. Commonto di Ciana Do		Fee R	equired
City & Stat	te	City & State				6. Election Campaign Fina	ancing _		May Be
23		28				Trust Fund Contribution	<u> </u>	Added	to Fees
Zip	Country	Zip	Counti	ry		8. This corporation owes to	_		
24	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Agent	0	d Non		10. Name and Address of	New Register	ed Agent	
AINIA	NEY, JOSEPH	·	8	1 Nan	ne				
	5 25TH AVE		8:	2 Stre	et Addre	ess (P.O. Box Number is Not.	Acceptable)		
	O BEACH FL 32960								
VLD.	O DEAGHARE 32900		8:	3					
			8-	4 City				. 85 Zip	Code
				'			_		
11. Pursuant	to the provisions of Sections 607.0	502 and 607.1508, Florida Statutes	s, the abor	ve-nam	ed corpo	pration submits this statement	for the purpose accent the an	e of changing its pointment as r	s registered eaistered
	egistates agent, or bour, in the otal	te of Floridge, outliff change was don	INDITIZED D				, accept the ab	pontanen ee .	-9
agent. I a	im tamiliar with, and accept the obli	gations Section 607.0505, Florid	da Statute	s.	•		41.	6	
	im familiar with, and accept the obli	gations Section 607.0505, Florida	da Statute	s.			4/12	97	
SIGNATURE	Signature, typed a printed same of registered a	agent and title if applicable. (NOTE: N	egistered Ag			when reinstating)	DATE	747	
	Signature, typed at printed tigne of registered a OFFICERS A	ngent and title if applicable. (NOTE: NAND DIRECTORS	13.	ent signati			DATE	AND DIRECT	ORS IN 12
SIGNATURE	Signature, typed a printed type of registered a OFFICERS /	agent and title if applicable. (NOTE: N	egistered Ag	ent signati		when reinstating)	DATE	747	
SIGNATURE	Signature, typed printed thre of registered a OFFICERS A BINNEY, JOSEPH M.	ngent and title if applicable. (NOTE: NAND DIRECTORS	13.	ent signati		when reinstating)	DATE	AND DIRECT	ORS IN 12
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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 truetee 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, with all other like empowered.

SIGNATURE:

561-770-0007