FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 APR 24 AM 9:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S98147** **(9)**

1. Corporation Name
TALKHOUSE SOUTH, INC.

Principal Place of Business	Mailing Address
616 COLLINS AVE MIAMI BEACH FL 33139 US	616 COLLINS AVE MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **12/05/1991**
3a. Date of Last Report: **02/21/1994**

2. Principal Place of Business
21
Suite, Apt. #, etc.
22
City & State
23
Zip
24
County
25

2a. Mailing Address
26
Suite, Apt. #, etc
27
City & State
28
Zip
29
County
30

4. FEI Number: **59-1972676** ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

CORPORATION INFORMATION SERVICES, INC.
1201 HAYS STREET
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DV	11 TITLE	☐ Change ☐ Addition
NAME	COYNE, PAUL	12 NAME	
STREET ADDRESS	616 COLLINS AVENUE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI BEACH FL	14 CITY-ST-ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	SCHNEIR, JEROME	22 NAME	
STREET ADDRESS	1036 ANDERSON AVENUE	23 STREET ADDRESS	
CITY-ST-ZIP	FT. LEE NJ	24 CITY-ST-ZIP	
TITLE	DP	31 TITLE	☐ Change ☐ Addition
NAME	HONERKAMP, PETER	32 NAME	
STREET ADDRESS	124 THREE MILE HARBOR	33 STREET ADDRESS	
CITY-ST-ZIP	EAST HAMPTON NY	34 CITY-ST-ZIP	
TITLE	DTS	41 TITLE	☐ Change ☐ Addition
NAME	GALLO, LOREN	42 NAME	
STREET ADDRESS	10 NECK PATH	43 STREET ADDRESS	
CITY-ST-ZIP	EAST HAMPTON NY	44 CITY-ST-ZIP	
TITLE	DV	51 TITLE	☐ Change ☐ Addition
NAME	MEYERS, TIMOTHY	52 NAME	
STREET ADDRESS	65-25 190TH ST #12 C	53 STREET ADDRESS	
CITY-ST-ZIP	FLUSHING NY	54 CITY-ST-ZIP	
TITLE	DV	61 TITLE	☐ Change ☐ Addition
NAME	GENTH, MICHAEL	62 NAME	
STREET ADDRESS	1500 BAY ROAD - #517	63 STREET ADDRESS	
CITY-ST-ZIP	MIAMO BEACH FL	64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Peter Honerkamp 2/22/95 305-531 7557
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0140003 CP