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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996	
DOCUMENT #	- {

858155

(5)

INTERNATIONAL SIMULTANEOUS TRANSLATION SERVICE L IMITED INC.

Frincipal Place of Business % KJELL PEDERSEN

Mailing Address

% KJELL PEDERSEN



2555 ESTERO BLVD. FORT MYERS BEACH FL 33931		2555 ESTERO BLVD. FORT MYERS BEACH FL 33931		Date Incorporated or Qualified	3a. Date	of Las	t Report	
					3. Date Incorporated or Qualified 10/17/1983		3/09/	
2. Principal Place of Business 21 Kjell Pedersen, P.A. Suite. Apt. #, etc. 22 2555 Estero Blyd.		2a. Mailing Address		4. FEI Number	— L		Applied For	
		26 C/o Kjell Pedersen			59-1708502			Not Applicable
		Suite, Apt. #, etc. 27 2555 Estero Blyd.					75 Additional se Required	
PK&State	Myers Florida	City & State	JDY_	4.6	6. Election Campaign Financing			.00 May 8e
3		Fort Myers	Flai	ci da	Trust Fund Contribution			lded to Fees
∏ 3 ⁰ 3931	$\int{\mathbb{R}^{2}} \hat{\mathbf{U}} \mathbf{S} \mathbf{A}^{r_{y}}$		Ľ_ ኅነሮነ	-1-ua	8. This corporation has liability for i		x unde	rs 199.032,
<u> </u>	9. Name and Address of Curre	29	30		Florida Statutes Yes			
	a, Hame and Address of Curren	ur uedistelen wäelit	81	T Mamo	10. Name and Address of New R	egistered i	Agent	
PEDERSEN, KJELL			["	81 Name				
	STERO BLVD.		82	Street Addr	ress (P.O. Box Number is Not Acceptab	le)		
	RS BEACH FL 33931	83		 				
			84	City	**************************************		-11	
				""	ration submits this statement for the pur	FL		Zip Code
BIGNATURE _ 		t and title (applicable) (NOTE) ID DIRECTORS	Registered Ag-	nt signature response	d when mustating ADDITIONS/CHANGES TO OFFI	DATE CERS AND	DIREC	TORS IN 12
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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 all chiment with an acidress.

SIGNATURE:

| SIGNATURE | SIGNATURE | SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR