

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

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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

FILED Mar 16, 1999 8:00 am Secretary of State

03-16-1999 90083 001 ***150.00

DOCUMENT # 858155

1. Corporation Name INTERNATIONAL SIMULTANEOUS TRANSLATION SERVICE LIMITED INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: KJELL PEDERSEN, PA 2555 ESTERO BLVD. FT. MYERS FL 33931 US
Mailing Address: C/O KJELL PEDERSEN 2555 ESTERO BLVD. FT. MYERS FL 33931 US

3. Date Incorporated or Qualified 10/17/1983

2. Principal Place of Business (21-24) and 2a. Mailing Address (26-30) fields for Suite, City & State, and Zip/Country.

4. FEI Number 59-1708502
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 owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent: PEDERSEN, KJELL 2555 ESTERO BLVD. FT. MYERS BEACH FL 33931

10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and 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.

SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

Table 12: OFFICERS AND DIRECTORS. Columns for Title, Name, Street Address, City-ST-ZIP, and a DELETED checkbox. Entries include PD THIEL, ROBERT and SD THIEL, HARALD.

Table 13: ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. Columns for Title, Name, Street Address, City-ST-ZIP, and Change/Addition checkboxes. Entries include 1930 ONECIME - BAGNON LACHINE, QUEBEC, CANADA, H8T 3M6.

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...

SIGNATURE: [Signature] SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (1/198)