


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

FILED

Jan 23 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 682628 (3)					
1. Corporation Name LANGUAGE ASSOCIATES, INC.					
Principal Place of Business % FRANCIS J. BROPHY 16161 S.W. 87TH COURT MIAMI FL 33157			Mailing Address % FRANCIS J. BROPHY 16161 S.W. 87TH COURT MIAMI FL 33157		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		09/12/1980	
22 City & State		27 City & State		4. FEI Number 59-2053527	
23 Zip		28 Zip		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required.	
24 Country		29 Country		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
9. Name and Address of Current Registered Agent BROPHY, FRANCIS J 16161 SW 87TH CT MIAMI FL 33157				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
10. Name and Address of New Registered Agent				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	
12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
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1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.5 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.6 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.7 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.8 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.9 TITLE NAME STREET ADDRESS CITY-ST-ZIP	
1.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP				1.10 TITLE NAME STREET ADDRESS CITY-ST-ZIP	



DO NOT WRITE IN THIS SPACE

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.

SIGNATURE: Hiltrud E. Brophy HILTRUDE BROPHY 1/13/98 (305)253-4814

CR2E034 (10/97)