


FILE NOW: FILING FEE IS \$61.25

FILED
Mar 17 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 736186 (8)
1. Corporation Name
THE AMERICAN LANGUAGE RESEARCH FOUNDATION, INC.



Principal Place of Business 2100 SPRINGDALE BLVD. - Y216 PALM SPRINGS FL 33461-8546	Mailing Address 2100 SPRINGDALE BLVD. - Y216 PALM SPRINGS FL 33461-6366
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3. Date Incorporated or Qualified 06/23/1976	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30	4. FEI Number 59-1724108 Applied For Not Applicable	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**WILSON, WILLIAM J.
2100 SPRINGDALE BLVD. #Y216
PALM SPRINGS FL 33461-8546**

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SARVER, SUSAN C.	1.2 NAME	
STREET ADDRESS	1110 LANDING MEADOWS DR.	1.3 STREET ADDRESS	
CITY-ST-ZIP	HENDERSON KY	1.4 CITY-ST-ZIP	
TITLE	ST <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MORRISSEY, ROSALIE C.	2.2 NAME	
STREET ADDRESS	1-B ATRIUM CIRCLE	2.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTIS FL	2.4 CITY-ST-ZIP	
TITLE	V <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ADAMS, FRANK	3.2 NAME	
STREET ADDRESS	4113 KENT AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	3.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLORY, WILLIAM C.	4.2 NAME	
STREET ADDRESS	5051 FLORY DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	LAKE WORTH, FL 00000	4.4 CITY-ST-ZIP	
TITLE	PD <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WILSON, WILLIAM J	5.2 NAME	
STREET ADDRESS	2100 SPRINGDALE #216	5.3 STREET ADDRESS	
CITY-ST-ZIP	PALM SPRINGS FL	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLARD, PHIL N.	6.2 NAME	
STREET ADDRESS	7189 WASHINGTON AVE.	6.3 STREET ADDRESS	
CITY-ST-ZIP	LANTANA FL	6.4 CITY-ST-ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *William J. Wilson* 3/10/97 (561) 947-5063

CR2E037 (9/96)