

FILE NOW: FILING FEE IS \$61.25

FILED

Apr 01 1997 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **822662** (3)  
1. Corporation Name  
**SUMMER INSTITUTE OF LINGUISTICS INC**

Principal Place of Business <b>7500 W.CAMP WISDOM RD. DALLAS TX 75236</b>	Mailing Address <b>7500 W.CAMP WISDOM RD. DALLAS TX 75236-5628</b>
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>04/21/1969</b>		3a. Date of Last Report <b>01/29/1996</b>	
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.		4. FEI Number <b>75-1840827</b>		Applied For Not Applicable	
22 City & State		27 City & State		5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75 Additional Fee Required</b>	
23 Zip		28 Zip		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
24 Country		29 Country		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
<b>DOYLE, DAN</b> <b>7435 S.W. 104TH ST.</b> <b>MIAMI FL 33158</b>				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			
				85 Zip Code			

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ROBBINS, FRANK E.	1.2 NAME	
STREET ADDRESS	310 AZALEA	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNCANVILLE TX	1.4 CITY-ST-ZIP	
TITLE	VD	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SHELDON, STEVEN N.	2.2 NAME	
STREET ADDRESS	6883 NYMAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	LARSON, MILDRED	3.2 NAME	D
STREET ADDRESS	ORCHARD POST OFFICE 597	3.3 STREET ADDRESS	Robertson, Donald M.
CITY-ST-ZIP	SINGAPORE 91	3.4 CITY-ST-ZIP	328 Frank Street
TITLE	S	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVIS, KENNETH	4.2 NAME	
STREET ADDRESS	6910 N. KELLOGG STREET	4.3 STREET ADDRESS	
CITY-ST-ZIP	PORTLAND OR	4.4 CITY-ST-ZIP	
TITLE	T	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEST, ORAN	5.2 NAME	
STREET ADDRESS	1505 WYNDMERE DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	DESOTA TX	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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, changed, or as an attachment with an address.

SIGNATURE:  **ORAN WEST** **24 March 1997 972-708-7461**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0076573

CR2E037 (9/96)