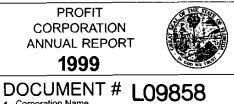
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Mar 10, 1999 8:00 am Secretary of State

03-10-1999 90243 046 ***150.00

|--|

THE EN	GLISH COMPANY, INC.				
Principal Place of Business Mailing Address					
1517 E. 7TH AVENUE 1710 W. KENDEDY POST OFFICE BOX 3012					
SUITE C TAMPA FL 33601-3012 TAMPA FL 33605 US US			DO NOT WRITE IN THIS SPACE		
U S	lampa M.		3. Date Incorporated or Qualifed		
1	33606		08/09/1989		
2. Principal Pl	ace of Business 2a. Mailing Address		4. FEI Number	Applied For	
21 1710 W. KELINEDY BUD 26			59-2963617	Not Applicable	
Suite, Apt.	#, etc. Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required	
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
23 TAMPA F1,			Trust Fund Contribution	Added to Fees	
Zip 331	Country Zip C 25 29 30	ountry	 This corporation owes the current year Into Personal Property Tax. 	Yes No	
	9. Name and Address of Current Registered Agent		10. Name and Address of New Registered	Agent	
8				},	
ENGLISH, MICHAEL M -1517 E. 7TH AVENUE, SUITE 6			2 Street Address (P.O. Box Number is Not Acceptable)		
_	PA FL 33605	83			
		84 City	FL	85 Zip Code	
10 10 10 10 10 10 10 10 10 10 10 10 10 1					
office or registered agent, or both, in the State of Florida. Such dyanger as authorized by the corporation's board of directors. Thereby accept the appointment as registered agent, or both, in the State of Florida. Such dyanger agent Lam femiliar with and accept the obligations of Section #07 0505 Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable (NOTE: Register	ered Agent signature equire	3 8 99 ed when reinstating) DATE		
12.		з.	ADDITIONS/CHANGES TO OFFICERS AN		
TITLE		1 TITLE		☐ Change ☐ Addition	
NAME	El TOBIOLI, INIOLI ILE	2 NAME			
STREET ADDRESS	1011 2: 1111 1112 00112 0	3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP		Change Addition	
TITLE	5	1 TITLE			
NAME	CITALIST, OFFICE	2 NAME			
STREET ADDRESS	1011 2.711111121102, 02112 0	3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP		Change Addition	
TITLE		2 NAME			
NAME		3 STREET ADDRESS			
STREET ADDRESS		4. CITY-ST-ZIP	•		
CITY-ST-ZIP TITLE		1 TITLE		☐ Change ☐ Addition	
NAME		2 NAME		1	
STREET ADDRESS		3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP			
TITLE		1 TITLE		☐ Change ☐ Addition	
NAME	5.	2 NAME	·		
STREET ADDRESS	5.	3 STREET ADDRESS			
CITY-ST-ZIP		4 CITY-ST-ZIP			
TITLE		1 TITLE		☐ Change ☐ Addition	
NAME		2 NAME		į	
	6.	3 STREET ADDRESS		!	

CITY-ST-ZIP 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 with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Daytime Phone #