


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

FILED
Mar 24, 1999 8:00 am
Secretary of State

03-24-1999 90079 049 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # L46160			
1. Corporation Name SIGN LANGUAGE & COMPANIES, INC.			
Principal Place of Business 4900 NW 15 STREET MARGATE FL 33063 US		Mailing Address 4900 NW 15 STREET MARGATE FL 33063 US	
2. Principal Place of Business 21 5201 NW 15th Street Suite, Apt. #, etc. 22 Suite C-10 City & State 23 Margate, FL Zip 24 33063		2a. Mailing Address 26 5201 NW 15th Street Suite, Apt. #, etc. 27 Suite C-10 City & State 28 Margate, FL Zip 29 33063	
Country 25		Country 30	
9. Name and Address of Current Registered Agent FUNK, BARRY R. 1950 MEARS PARKWAY MARGATE FL FL 33063			
10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 7602 Sunflower Drive 83 84 City Margate 85 Zip Code FL 33063			
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 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	NAME FUNK, BARRY R.	1.1 TITLE D	1.2 NAME Barry R Funk
STREET ADDRESS 5781 NW 15TH ST	CITY-ST-ZIP MARGATE FL	1.3 STREET ADDRESS 5201 NW 15th Street, Suite C-10	1.4 CITY-ST-ZIP Margate, FL 33063
TITLE 	NAME 	2.1 TITLE 	2.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	2.3 STREET ADDRESS 	2.4 CITY-ST-ZIP
TITLE 	NAME 	3.1 TITLE 	3.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	3.3 STREET ADDRESS 	3.4 CITY-ST-ZIP
TITLE 	NAME 	4.1 TITLE 	4.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	4.3 STREET ADDRESS 	4.4 CITY-ST-ZIP
TITLE 	NAME 	5.1 TITLE 	5.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	5.3 STREET ADDRESS 	5.4 CITY-ST-ZIP
TITLE 	NAME 	6.1 TITLE 	6.2 NAME
STREET ADDRESS 	CITY-ST-ZIP 	6.3 STREET ADDRESS 	6.4 CITY-ST-ZIP



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/26/1990	
4. FEI Number 65-0169716	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input 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 owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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, with all other like empowered.

SIGNATURE:  **Barry R Funk**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/19/99 (954) 979-1990
Date Daytime Phone #