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FILED

Jan 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M52728 (6)

1. Corporation Name:
SIGN LANGUAGE INTERPRETING, INC.



Principal Place of Business

Mailing Address

5300 SW 6TH PLACE
MARGATE FL 33068

5300 SW 6TH PLACE
MARGATE FL 33068-3028

330 HAWTHORNE LANE
VERO BEACH, FL 32962 ← SAME

2. Principal Place of Business

21 330 HAWTHORNE LANE

Suite, Apt. #, etc.

22 FE

City & State

23 VERO BEACH, FL

Zip

24 32962

Country

25 U.S.A.

2a. Mailing Address

26 330 HAWTHORNE LANE

Suite, Apt. #, etc.

27

City & State

28 VERO BEACH, FL

Zip

29 32962

Country

30 U.S.A.

3. Date Incorporated or Qualified

05/27/1987

3a. Date of Last Report

01/24/1996

4. FEI Number

59-2813434

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes

☐ No

9. Name and Address of Current Registered Agent

REPPERT, RUTH HAZEL

5300 SW 6TH PLACE
MARGATE FL 33068

330 HAWTHORNE LANE
VERO BEACH, FL 32962

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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, if applicable,

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE

NAME REPPERT, ROBERT M.

STREET ADDRESS 5300 SW 6TH PLACE

CITY-ST-ZIP MARGATE FL

TITLE D ☐ DELETE

NAME REPPERT, RUTH HAZEL

STREET ADDRESS 5300 SW 6TH PLACE

CITY-ST-ZIP MARGATE FL

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

330 HAWTHORNE LANE
VERO BEACH, FL 32962

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

330 HAWTHORNE LANE
VERO BEACH, FL 32962

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

SIGNATURE: Ruth Hazel Reppert (RUTH HAZEL REPPERT) 1/7/97 (561) 564-0737

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)