

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 17 AM 10:48

DOCUMENT # M88812

(6)

1. Corporation Name

LINGUA-SORBONNE LTD. COMPANY

Principal Place of Business

% C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324-2630

Mailing Address

% C T CORPORATION SYSTEM
8751 W. BROWARD BLVD.
PLANTATION FL 33324-2630

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

07/08/1988

3a. Date of Last Report

05/01/1994

2. Principal Place of Business

21 % CT CORPORATION SYSTEM

2a. Mailing Address

26 % CT CORPORATION SYS.

4. FEI Number

59-2751370

Applied For

Not Applicable

Suite, Apt. #, etc.

22 1200 S. PINE ISLAND ROAD

Suite, Apt. #, etc.

27 1200 S. PINE ISLAND RD

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

City & State

23 PLANTATION, FL

City & State

28 PLANTATION, FL

6. Election Campaign Financing

Trust Fund Contribution

☐

\$5.00 May Be

Added to Fees

24 33324

Country

25 USA

29 33324

Country

30 USA

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

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 title if applicable.

(NOTE: Registered Agent Signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME SMITHERS, RALPH
STREET ADDRESS 128 3RD ST. SOUTH STE. 200
CITY-ST-ZIP ST. PETERSBURG FL

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE V
NAME WHITMORE, LUNDA
STREET ADDRESS 128 3RD. ST. SOUTH, STE. 200
CITY-ST-ZIP ST. PETERSBURG FL

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 as shown, or on an attachment with an address.

SIGNATURE:

RALPH SMITHERS

3/5/95

207-696-5400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Title

Chapter 150000 #