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

PROFIT CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P34393

(9)

CYTECH LANGUAGES, INC.

1	FILEJ	)
Jan 22	1998	8:00am
Secre	tary (	of State



Principal Plac	e of Business	Mailing Address				- 3 100111001 CDD 16660 BIODEN 16170 10100 4111 BIOM 101814 DIBH DADEN DIBH BIOM 16061 FORM
2016 ALAMED ORLANDO FL		2016 ALAMEDA AVE. ORLANDO FL 32804				DO NOT WRITE IN THIS SPACE
1						3. Date Incorporated or Qualified
						06/13/1991
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number Applied For
21		26				<b>54-1290546</b> Not Applicable
Suite, Apt.		Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Required
City & State	e	City & State				6. Election Campaign Financing \$5.00 May Be
23		28				Trust Fund Contribution Added to Fees
Zip	Country	Zip	<b>—</b>	ıntry	,	8. This corporation owes or has paid the current year Intangible
24	9. Name and Address of Current	Pagistared Agent	30	1		Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent
DU		negistered Agent		81	Name	10. Name and Address of New Registered Agent
	LLINGTON, RICHARD L, JR.					
	16 ALAMEDA AVE. LANDO FL 32804			82	Street Addre	ss (P.O. Box Number is Not Acceptable)
				83		
				84	City	FL 85 Zip Code
11. Pursuant office or reagent. I a	to the provisions of Sections 607,0502 egistered agent, or both, in the State of m familiar with, and accept the obligation	and 607.1508, Florida Statu of Florida. Such change was tions of, Section 607.0505, F	ites, the all authorized Torida Stat	bove d by tutes	e-named corporations.	oration submits this statement for the purpose of changing its registered on a board of directors. I hereby accept the appointment as registered
SIGNATURE	Signature, typed or printed name of registered agen				int signature required	
12.	OFFICERS AND		13.	u Age	ent signature required	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCP	☐ DELETE	1.1 70	TLF		Change Addition
NAME	BULLINGTON, CHRISTINA N.	<b>—</b>	1.2 NA			and overlies and visiting
STREET ADDRESS	2016 ALAMEDA AVE.				ADDRESS	
CITY-ST-ZIP	ORLANDO FL		1.4 00		-	
TITLE	VP	☐ DELETE	2.1 (1)			☐ Change ☐ Addition
NAME	MITCHELL, ROBERT		2.2 NA	ME		
STREET ADDRESS	2412 ROCKY BRANCH DR.		2.3 ST	REET .	ADDRESS	
CITY-S7-ZIP	VIENNA VA		2. 4 CI			• • • •
TITLE	ST	DELETE	3.1 117			Change Addition
NAME	BULLINGTON, CHRISTINA N.		3.2 NA	ME		
STREET ADDRESS	2016 ALAMEDA AVE.		3.3 ST	REET	ADDRESS	
CITY - ST - ZIP	ORLANDO FL		3.4, Cl	TY - \$	IT-ZIP	
TITLE		DELETE	4.1 717	ILΕ		Change Addition
NAME			4.2 N/	AME	ŀ	
STREET ADDRESS			4.3 ST	REET /	ADDRESS	
CITY - ST - ZIP			4.4 CN	TY-ST	r- 21P	
TITLE		DELETE	5,1 717	Œ		Change Addition
NAME			5.2 NA	ME		
STREET ADDRESS			5.3 STI	REET A	ADDRESS	
CITY-ST-ZIP			5.4 CIT	ry-st	f - 2IP	
TITLE		☐ DELETE	6.1 TiT	LE		Change Addition
NAME			6.2 NA	ME		
STREET ADDRESS			6.3 STI	REET #	ADDRESS	
CITY-ST-ZIP			6.4 CIT			
14. I hereby c	ertify that the information supplied with	this filing does not qualify	for the exe	mpti	ion stated in S	ection 119.07(3)(i), Florida Statutes. I further certify that the information

plemental 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 the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in an attachment with an address.