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 # P93000014877 (3)

INTERPRETATIONS UNLIMITED, INC.

FILED Apr 01 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					<u> </u>	1 (62)(62) HA (8(8) WILL SAME BOWN SOUN ASIDE HOW GOOD (6(1) 102)(100) (54)	
1736 E. COMMERCIAL BLVD. 1736 E. COMMERCIAL BLVD							
FT LAUDERDALE FL 33308			FT LAUDERDALE FL 33308				DO NOT WRITE IN THIS SPACE
							3. Date Incorporated or Qualified
							02/26/1993
2. Principal P	lace of Business	2a	. Mailing Address				4. FEI Number Applied For
21		26					65-0394623 Not Applicable
Suite, Apt. #, etc			Suite, Apt. #, etc.				5. Certificate of Status Desired S8.75 Additional Fee Regulred
City & State			City & State				
23			28				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees
Zip Country			Zip Country				8. This corporation owes or has paid the current year Intangible
24			30	•	'	Personal Property Tax due June 30. A Yes No	
9. Name and Address of Curren							10. Name and Address of New Registered Agent
	ssin, Kenneth B				81	Name	
1736 E COMMERCIAL BLVD						Street Add	dress (P.O. Box Number is Not Acceptable)
FT LAUDERDALE FL 33308					83		
ŀ							
					84	1	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.							
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 legislature required when reinstating) DATE							
Signature, typed or pointed name of ingestored agent and 12. OFFICERS AND DIF						oni signature requi	ured when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D		DELETE	1.1 (TLE	·	☐ Change ☐ Addition
NAME	KASSIN, KENNETH B			1.2 N			
STREET ADDRESS	1736 E COMMERCIAL BLVD			1.3 S	TREET	ADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL 33307			1.4 0	ITY-S	ST-ZIP	
TITLE			DELETE	2.1 Ti	TLE		☐ Change ☐ Addition
NAME				2.2 N	AME		
STREET ADDRESS				2.3 S	TREET	ADDRESS	
CITY-ST-ZIP					2.4 CITY-ST-ZIP		
TITLE			DETELE	3.1 T			Change Addition
NAME				3.2 N			
STREET ADORESS						ADDRESS	
CITY+S1-ZIP	TITLE		DELETE	DELETE 4.1 TIT		ST-ZIP	☐ Change ☐ Addition
NAME				4.21			Contract Con
STREET ADDRESS						ADDRESS	
CITY-ST-ZIP						ST-ZIP	
TITLE			DELETE	5.1 7	_		Change Addition
NAME				5.2 N	AME		
STREET ADDRESS				5.3 \$	TREET	ADDRESS	
CITY-ST-ZIP				5.4 C	ITY - S	ST-ZIP	
TITLE			DELETE	6 1 TI			Change Addition
NAME				6.2 N	AME		
STREET ADDRESS				6.3 S	TAEET	ADDRESS	·
CITY-ST-ZIP				6.4 C	ITY-S	ST-21P	

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 armust report is frue 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: