

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

**CORPORATION •
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Janet H. Wiegman
Secretary of State
DIVISION OF CORPORATIONS

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 FEB 14 PM 4:30

DOCUMENT # P93000047967 (3)

1. Corporation Name
ADVANCED LINGUISTIC SYSTEMS, INC.

Principal Place of Business
**1479 LANDINGS CR. 7143 Woodcreek Dr.
SARASOTA FL 34231**

Principal Address
**7143 Woodcreek Dr.
SARASOTA FL 34231**

Effective Date of Report: 01/25/1994

2. Principal Place of Business
21 7143 Woodcreek Dr.
State, Apt., Bldg.
22 Sarasota FLA;
City & State
23 34231
County
24 34231

2a. Principal Address
26 7143 Woodcreek Dr.
State, Apt., Bldg.
27 Sarasota FLA;
City & State
28 34231
County
29 34231

3. Filing Date of Report
07/02/1993

3a. Date of Last Report
01/25/1994

4. Filing Number
22-1807826

5. Certificate of Initial Report
☐ **\$0.75 Additional Fee Required**

6. Election Campaign Financing
Initial Fund Contribution ☐ **\$5.00 May Be Added to Fees**

8. Does corporation regularly file for bankruptcy under 11 U.S.C. 1101?
Florida Statute ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

**ZANE, MICHAEL S.
1479 LANDINGS CR. 7143 Woodcreek Dr.
SARASOTA FL 34231**

10. Name and Address of New Registered Agent

01 Name
02 Street Address, P.O. Box Number, Not Applicable
03
04 City
05 State **FL** 06 Zip Code

11. I, the undersigned, being a resident of this State, do hereby certify that the foregoing is a true and correct copy of the information required by Chapter 607, Florida Statutes, for the purpose of changing the registered office of this corporation, and that the same is true and correct as the same appears in the records of the Department of State.

SIGNATURE

Signature of Officer or Director

Signature of Officer or Director

12. OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP
ZANE, MICHAEL S.	7143	WOODCREEK DR.	FL	34231
Director				

13. ADDITIONAL OFFICERS AND DIRECTORS

NAME	STREET ADDRESS	CITY	STATE	ZIP

14. I, the undersigned, certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 607.01(2)(b), Florida Statutes. I further certify that the information included 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. I am an officer or director of the corporation or the receiver or liquidator empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of a changed or original statement with an address.

SIGNATURE: Michael S. Zane MICHAEL S. Zane Feb. 11, 94 (813) 921-5307

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNER OFFICER OR DIRECTOR