

FILE NOW: FILING FEE AFTER MAY 1ST IS \$50.00

FILED
Mar 09 1998 8:00am
Secretary of State

| | | |
|---|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS |
|---|---|---|

DOCUMENT # P93000047967 (3)
1. Corporation Name
ADVANCED LINGUISTIC SYSTEMS, INC.



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| Principal Place of Business 3013 CLARK RD #7 SARASOTA FL 34231 US | Mailing Address 3013 CLARK RD #7 SARASOTA FL 34231 US |
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DO NOT WRITE IN THIS SPACE

| | |
|---|---|
| 2. Principal Place of Business 21 as above Suite, Apt. #, etc. 22 City & State 23 Sarasota, FLA, 34231 Zip 24 34231 Country 25 USA | 2a. Mailing Address 26 as above Suite, Apt. #, etc. 27 City & State 28 Sarasota FLA; Zip 29 34231 Country 30 USA |
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|---|--------------------------------|-------------------------------|
| 3. Date Incorporated or Qualified 07/02/1993 | 4. FEI Number 22-1807826 | Applied For Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required | |
| 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees | |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | | |

9. Name and Address of Current Registered Agent
ZANE, MICHAEL S
3013 CLARK RD #7
SARASOTA FL 34231
5695 Westwind Ln.

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| 10. Name and Address of New Registered Agent 81 Name Michael S. Zane 82 Street Address (P.O. Box Number is Not Acceptable) 5695 Westwind Ln. 83 84 City Sarasota, FLA. FL 85 Zip Code 34231 |
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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: MICHAEL S. ZANE, Director; Michael S. Zane
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | |
|------------------------------------|---------------------------------|
| TITLE P | <input type="checkbox"/> DELETE |
| NAME ZANE, MICHAEL S. | |
| STREET ADDRESS 3013 CLARK RD #7 | |
| CITY-ST-ZIP SARASOTA FL 34231 | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|
| 1.1 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | |
| 1.3 STREET ADDRESS | |
| 1.4 CITY-ST-ZIP | |
| 2.1 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | |
| 2.3 STREET ADDRESS | |
| 2.4 CITY-ST-ZIP | |
| 3.1 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 NAME | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 6.2 NAME | |
| 6.3 STREET ADDRESS | |
| 6.4 CITY-ST-ZIP | |

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 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: Michael S. Zane MICHAEL S. Zane March 1, 98 941-921-5507

CR2E034 (10/97)