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

APPROVED AND FILED

95 APR 27 AM 11:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000051551 (8)**

1. Corporation Name
SIGN LANGUAGE INTERNATIONAL, INC.

Principal Place of Business	Mailing Address
3435 SOUTH HOPKINS AVENUE SUITE 9 TITUSVILLE FL 32780	3435 SOUTH HOPKINS AVENUE SUITE 9 TITUSVILLE FL 32780

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/19/1993
3a. Date of Last Report: 04/22/1994

2. Principal Place of Business
21: 3760 South Hopkins Avenue
22 Suite, Apt. #, etc.: Unit B
23 City & State: Titusville FL.
24 Zip: 32780
25 Country: Brevard

2a. Mailing Address
26: 273 E. Townie Pl.
27 Suite, Apt. #, etc.:
28 City & State: Titusville FL.
29 Zip: 32796
30 Country: Brevard

4. FEI Number: 59-3199821 OK [illegible] — ☐ Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ — $8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐ — $5.00 May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

METZ, THOMAS A
3435 SOUTH HOPKINS AVENUE
SUITE 9
TITUSVILLE FL 32780

10. Name and Address of New Registered Agent

81 Name: METZ, THOMAS A.
82 Street Address (P.O. Box Number is Not Acceptable): 3760 SOUTH HOPKINS AVENUE
83: UNIT B
84 City: TITUSVILLE FL 85 Zip Code: 32780

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 _____ DATE
Signature, typed or printed name of registered agent and the date applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	P ☒ Change ☐ Addition
NAME	METZ, THOMAS A	1.2 NAME	METZ, THOMAS A
STREET ADDRESS	3435 SOUTH HOPKINS AVE., SUITE 9	1.3 STREET ADDRESS	3760 SOUTH HOPKINS AVE. UNIT B
CITY-ST-ZIP	TITUSVILLE FL	1.4 CITY-ST-ZIP	TITUSVILLE FL
TITLE	T	2.1 TITLE	T ☒ Change ☐ Addition
NAME	METZ, KATINA	2.2 NAME	METZ, KATINA
STREET ADDRESS	3435 SOUTH HOPKINS AVE., SUITE 9	2.3 STREET ADDRESS	3760 SOUTH HOPKINS AVE. UNIT B
CITY-ST-ZIP	TITUSVILLE FL	2.4 CITY-ST-ZIP	TITUSVILLE FL
TITLE	V	3.1 TITLE	V ☐ Change ☐ Addition
NAME	MILDNER, WILLIAM	3.2 NAME	MILDNER, WILLIAM
STREET ADDRESS	3435 S. HOPKINS AVE.,SUITE 9	3.3 STREET ADDRESS	3760 SOUTH HOPKINS AVE. UNIT B
CITY-ST-ZIP	TITUSVILLE FL	3.4 CITY-ST-ZIP	TITUSVILLE FL
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 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: Thomas Metz
SIGNATURE AND TYPED OR PRINTED NAME OF FLORIDA OFFICER OR DIRECTOR — Date — (Telephone Number)

0045601 CP