

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P93000051551 (8)

1. Corporation Name

SIGN LANGUAGE INTERNATIONAL, INC.



Principal Place of Business

3435 SOUTH HOPKINS AVENUE  
UNIT B  
TITUSVILLE FL 32780  
US

Mailing Address

273 E. TOWNE PL.  
SUITE 9  
TITUSVILLE FL 32796  
US

3. Date Incorporated or Qualified

07/19/1993

3a. Date of Last Report

04/27/1995

4. FEI Number

59-3199621

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

2. Principal Place of Business

21 3760 S. Hopkins

Suite, Apt. #, etc.

22 B

City & State

23 Titusville, FL

Zip

24 32780

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

METZ, THOMAS A  
3760 SOUTH HOPKINS AVE.  
UNIT B  
TITUSVILLE FL 32780

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

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.

SIGNATURE

Signature, typed or printed name of registered agent and date of appointment

NOTE: Registered Agent signature required when registering

DATE

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME METZ, THOMAS A  
STREET ADDRESS 3760 SOUTH HOPKINS AVE UNIT B  
CITY-ST-ZIP TITUSVILLE FL

TITLE T ☐ DELETE

NAME METZ, KATINA  
STREET ADDRESS 3760 SOUTH HOPKINS AVE UNIT B  
CITY-ST-ZIP TITUSVILLE FL

TITLE V ☐ DELETE

NAME MILDNER, WILLIAM  
STREET ADDRESS 3760 S HOPKINS AVE. UNIT B  
CITY-ST-ZIP TITUSVILLE FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 1 TITLE ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY-ST-ZIP

2 1 TITLE ☐ Change ☐ Addition

2 NAME

3 STREET ADDRESS

4 CITY-ST-ZIP

3 1 TITLE ☐ Change ☐ Addition

3 NAME

4 STREET ADDRESS

5 CITY-ST-ZIP

4 1 TITLE ☐ Change ☐ Addition

4 NAME

5 STREET ADDRESS

6 CITY-ST-ZIP

5 1 TITLE ☐ Change ☐ Addition

5 NAME

6 STREET ADDRESS

7 CITY-ST-ZIP

6 1 TITLE ☐ Change ☐ Addition

6 NAME

7 STREET ADDRESS

8 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)(k), 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 SIGNING OFFICER OR DIRECTOR

04/11/96

DATE

Daytime Phone #

CR2E034 (12/95)