

FILE NOW: FILING FEE-AFTER MAY 1ST IS \$550.00

FILED

**May 05 1998 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P94000051480 (9)
1. Corporation Name
RUSSIAN TECHNOLOGY LANGUAGE SERVICES, INC.



Principal Place of Business 320 WILLIAMS STREET TALLAHASSEE FL 32302	Mailing Address 320 WILLIAMS STREET TALLAHASSEE FL 32302
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1338 Vickers Drive Suite, Apt. #, etc.	2a. Mailing Address 26 1338 Vickers Drive Suite, Apt. #, etc.
22 City & State 23 Tallahassee, Florida	27 City & State 28 Tallahassee, Florida
24 Zip 32303 25 Country LEON	29 Zip 32303 30 Country LEON

3. Date Incorporated or Qualified 07/12/1994	
4. FEI Number 59-3254589	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent LAUNER, MICHAEL K 1913 SAGEWAY DR TALLAHASSEE FL 32303	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code
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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 _____ (NOI) Registered Agent signature required when reinstating _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE VD	LAUNER, MICHAEL K 1913 SAGEWAY DR TALLAHASSEE FL 32303	<input type="checkbox"/> DELETE	
TITLE CPD	YOUNG MARILYN J 1913 SAGEWAY DR TALLAHASSEE FL 32303	<input type="checkbox"/> DELETE	
TITLE M	MICHELE L. PEDRO 3041 HUNTINGTON WOODS BLVD TALLAHASSEE FL	<input type="checkbox"/> DELETE	
TITLE D	LAUNER TARA L 1919 WELCH STREET TALLAHASSEE FL	<input type="checkbox"/> DELETE	
TITLE D	WINTON, BETH JOELLE 1116 EAST MCCARTY STREET JEFFERSON CITY MO	<input type="checkbox"/> DELETE	
TITLE D	YOUNG, EUNICE C 125 N HILLSIDE ST ORLANDO FL 32803	<input type="checkbox"/> DELETE	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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*****150.00**

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 to an address.

SIGNATURE _____

CR2E034 (10/97)