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**PROFIT** CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State

1996  DOCUMENT # P9500003345 (2)  1. Corporation Name INTERACT WITH LANGUAGES, INC.					
Principal Place of Business  2818 MAGNOLIA AVE LAKELAND FL 33813		Mading Address  2818 MAGNOLIA AVE LAKELAND FL 33813		. 1661/681 MS 18161 SHIN SENT SENT SENT SENT SENT SENS THE THE THE STATE SENT SENT SENT SENT SENT SENT SENT SE	
				3. Date Incorporated or Qualified 01/12/1995	3a. Date of Last Report
, Principal Place	e of Business	2a. Mailing Address		4. FEI Number	Applied For Not Applicable
<u></u>		26		59-3289580	¢0.7E Additional
Suite, Apt. #,	etc.	Suite Apt. #, etc. 27 Po Box 511		5. Certificate of Status Desired	Fee Required
City & State		Orty & State	T 1.	6. Election Campaign Financing	\$5.00 May Be
]		28 Itighland City	FL 33846-0511	Trust Fund Contribution	Added to Fees
Zip	Country	7p	Country 30 POLK	8. This corporation has liability for in Florida Statutes Yes	Mangible tax uniber si 199 ooz.
	9. Name and Address of Curre		1001	10. Name and Address of New Re	
- · · · · · · · · · · · · · · · · · · ·	9, Harrie Bild Hadrest		81 Name		
PARSONS, LILLIAM G 2818 MAGNOLIA AVE LAKELAND FL 33813			82 Street Addre	ss (P.O. Box Number is Not Acceptable	0)
			83		
			84 City		FL 85 Zip Code
or registere	of agent, or both, in the blace of the	ot ou 607 0505. Florida Statutes	Dy the corporation a poarc	ition submits this statement for the purp d of directors. Thereby accept the appo	
or registere familiar with	square, typed or programs of regulars state	Control of a picals (NOTe	Repstero A par square required  13.	7	May 27, 1996
or registerer familiar with SIGNATURE	Spiles hipotories of the other days of the OFFICERS A	<b>1</b>	Repatition A part square reprinted	when manufacing	74427,1596
or registere familiar with	OFFICERS A PARSONS, LILLIAM G	ND DIRECTORS (NOTE	Fig. psteado A pert squat de Expates:	when manufacing	CERS AND DIRECTORS IN 12
or registered familiar with SIGNATURE.	D PARSONS, LILLIAM G 2818 MAGNOLIA AVE	ND DIRECTORS (NOTE	Fig. 13. 1.1 THEF  1.2 NAME  1.3 STHEET ADDRESS	when manufacing	CERS AND DIRECTORS IN 12
or registerer familiar with familiar with the signature 2.  ITLE AME TREET ADDRESS THY-ST-ZIP	OFFICERS A PARSONS, LILLIAM G	OD DIRECTORS DELETE	Fig. (states) A part squart are projected.  13.  1 1 THEF 12 NAME 13 STHEET ARDRESS 14 Colves T- ZiP	when manufacing	CERS AND DIRECTORS IN 12
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THE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

May 27, 1996 (940 646.5776