

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000026724 (1)

1. Corporation Name

PLAIN ENGLISH CAMPAIGN (USA), INC.



Principal Place of Business

Mailing Address

% STEVEN P. OPPENHEIM, ESQ.  
3191 CORAL WAY, SUITE 800  
MIAMI FL 33145

% STEVEN P. OPPENHEIM, ESQ.  
3191 CORAL WAY, SUITE 800  
MIAMI FL 33145

3. Date Incorporated or Qualified

03/30/1995

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 2828 Coral Way

26 2828 Coral Way

4. FEI Number

65-0570713

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #302

27 #302

5. Certificate of Status Desired ☒

\$8.75 Additional  
Fee Required

City & State

City & State

23 Miami, FL

28 Miami, FL

6. Election Campaign Financing  
Trust Fund Contribution ☐

\$5.00 May Be  
Added to Fees

Zip

Country

Zip

Country

24 33145

25 USA

29 33145

30 USA

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

OPPENHEIM, STEVEN P ESQ.  
3191 CORAL WAY  
SUITE 800  
MIAMI FL 33145

81 Name

WLNC REGISTERED AGENTS, INC

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

701 BRICKELL AVENUE

83

SUITE 2000

84 City

MIAMI

FL

85 Zip Code

33131

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: *William D. Ireland* Authorized Representative of WLNC Registered Agents, Inc. DATE: 4/23/96

Signature, typed or printed name of registered agent, and title if applicable.

(NOTE: Registered Agent signature required when reinstating.)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

P/D

1.2 NAME

Oster, Micki

1.3 STREET ADDRESS

2828 Coral Way, Suite 302

1.4 CITY - ST - ZIP

Miami, FL 33145

2.1 TITLE

C/D

2.2 NAME

CHRISTINA R. MAHER

2.3 STREET ADDRESS

705 NEW MILLS PO BOX 3

2.4 CITY - ST - ZIP

STOCKPORT SK12 4DP ENGLAND

3.1 TITLE

D

3.2 NAME

GEORGE MAHER

3.3 STREET ADDRESS

20 UNION ROAD

3.4 CITY - ST - ZIP

NEW MILLS STOCKPORT SK12 3ES ENGLAND

4.1 TITLE

T/D

4.2 NAME

PETER A. BRIFORTH

4.3 STREET ADDRESS

20 UNION ROAD, NEW MILLS

4.4 CITY - ST - ZIP

STOCKPORT SK12 3ES ENGLAND

5.1 TITLE

D/D

5.2 NAME

JOHN A. S. BRIFORTH

5.3 STREET ADDRESS

20 UNION ROAD NEW MILLS

5.4 CITY - ST - ZIP

STOCKPORT SK12 3ES ENGLAND

6.1 TITLE

D

6.2 NAME

JUDITH L. GIBSON

6.3 STREET ADDRESS

6665 SW 69 LANE

6.4 CITY - ST - ZIP

MIAMI FL 33143

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

APRIL 24, 1996 (305) 441 8791

CR2E034 (12/95)