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Apr 04 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000026724 (1)**

1. Corporation Name
PLAIN ENGLISH CAMPAIGN (USA), INC.



Principal Place of Business 2828 CORAL WAY SUITE 302 MIAMI FL 33145 US	Mailing Address 2828 CORAL WAY SUITE 302 MIAMI FL 33145-3214 US
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3. Date Incorporated or Qualified 03/30/1995	3a. Date of Last Report 04/30/1996
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country	4. FEI Number 65-0570713	Applied For Not Applicable
		5. Certificate of Status Desired <input checked="" 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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent WLMC REGISTERED AGENTS INC 701 BRICKELL AVENUE SUITE 2000 MIAMI FL 33131	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 *[Signature]* (NOTE: Registered Agent signature required when reinstating) DATE *[Date]*

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OSTER, MICKI	1.2 NAME	
STREET ADDRESS	2828 CORAL WAY #302	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL	1.4 CITY - ST - ZIP	
TITLE	CD	2.1 TITLE	D MAHER, CHRISTINA
NAME	MAHER, CHRISTINA	2.2 NAME	PO BOX 3
STREET ADDRESS	20 NEW MILLS P.O. BOX 3	2.3 STREET ADDRESS	NEW MILLS, HIGH PEAKS SK224PP ENGLAND
CITY - ST - ZIP	STOCKPORT EN	2.4 CITY - ST - ZIP	
TITLE	D	3.1 TITLE	CD MAHER, GEORGE
NAME	MAHER, GEORGE	3.2 NAME	20 UNION ROAD
STREET ADDRESS	20 UNION ROAD	3.3 STREET ADDRESS	NEW MILLS, HIGH PEAKS SK224PP ENGLAND
CITY - ST - ZIP	NEW MILLS ST	3.4 CITY - ST - ZIP	
TITLE	TD	4.1 TITLE	
NAME	GIFFITHS, PETER A	4.2 NAME	
STREET ADDRESS	20 UNION ROAD	4.3 STREET ADDRESS	
CITY - ST - ZIP	NEW MILLS ST	4.4 CITY - ST - ZIP	
TITLE	SD	5.1 TITLE	D RODNEY, PETER
NAME	GIFFITHS, JOHN	5.2 NAME	PO BOX 3
STREET ADDRESS	20 UNION ROAD	5.3 STREET ADDRESS	NEW MILLS, HIGH PEAKS SK224PP ENGLAND
CITY - ST - ZIP	NEW MILLS ST	5.4 CITY - ST - ZIP	
TITLE	D	6.1 TITLE	D GIBBONS, JUDITH
NAME	RIBBONS, JUDITH	6.2 NAME	6665 SW 69 LANE
STREET ADDRESS	6665 SW 69 LANE	6.3 STREET ADDRESS	MIAMI FL
CITY - ST - ZIP	MIAMI FL	6.4 CITY - ST - ZIP	

14. I do 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 with an address.

SIGNATURE: *[Signature]* **Micki Oster, President** Date: **March 20, 1997** (305) 441-8791

CR2E034 (9/96)