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

**PROFIT** CORPORATION **ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT #** P95000054163 (7)

**FILED** Apr 21 1998 8:00am Secretary of State

LANGUAGE	E ADVENTURES, INC.	, ,			
Principal Place of B	Business	Mailing Address		a tantinus isa inini kini anist nnist nustr anini	Aifei Arkai ilais aiisa iin (sai
5070 N OCEAN DR 15C SINGER ISLAND FL 33404		P O BOX 30273 PALM BEACH GARDENS FL 33420			
		FREM DEACH CANDENS	rt 33420	DO NOT WRITE, IN TH	IS SPACE
				3. Date Incorporated or Qualified	
				07/10/1995	
2. Principal Place of	of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0600844	Not Applicable
Suite, Apt. #, etc	C.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7ip	Country	B. This corporation owes or has paid the	
24	25	29	30	Personal Property Tax due June 30.	Yes No
	Name and Address of Curre			10. Name and Address of New Register	ed Agent
CERUTI.	, MICHAEL H		81 Name		
5070 N OCEAN DR 15C			82 Street Add	dress (P.O. Box Number is Not Acceptable)	
1	I ISLAND FL 33404		Onest Aust	areas (1.0. box Number is Not Notopiable)	
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		83		
			84 City		85 Zip Code
			84 City	F	85 Zip Code
office or registe	ered agent, or both, in the Stati	02 and 607.1508, Florida Statu e of Florida Such change was gations of, Section 607.0505, Fl	authorized by the corpora	poration submits this statement for the purpose ation's board of directors. I hereby accept the a	of changing its registered appointment as registered
SIGNATURE		·			
12.	ure, typed or pented name of registered as CVL LCC RS AN	pent act Me it applicable (NO) ND DIRECTORS	<ol> <li>Fiegistereo Agent signature recu</li> <li>13.</li> </ol>	ired when reinslating) DATE ADDITIONS/CHANGES TO OFFICERS A	
	TD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS A	Change Addition
	ERUTI, MICHAEL H.		1.2 NAME		
	070 N OCEAN DR, 15-C		13 STREET ADDRESS		İ
	INGER ISLAND FL		1.4 CITY-ST-ZIP		11
	ŠD				
1 1 1	IZZETTA, MARCELLA A.	■ DELETE	2.1 IIILE		Change Addition
		L_I DELETE	2.1 TITLE 2.2 NAME		Change Addition
		L_J DELETE			Change Addition
CITY-ST-ZIP SI	070 N OCEAN DR, 15-C INGER ISLAND FL	L_J DELETE	2.2 NAME		Change Addition
CITY-ST-ZIP SI	070 N OCEAN DR, 15-C	DELETE	2.2 NAME 2.3 STREET ADDRESS		Change Addition
<del></del>	070 N OCEAN DR, 15-C		2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP		
TITLE	070 N OCEAN DR, 15-C		2.2 NAME 2.3 STRECT ADDRESS 2.4 CITY-S1-ZIP 3.1 TILLE		
TITLE NAME	070 N OCEAN DR, 15-C		2.7 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME		
TITLE NAME STREET ADDRESS	070 N OCEAN DR, 15-C		2.7 NAME 2.3 STREE1 ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREE1 ADDRESS		
TITLE NAME STREET ADDRESS CITY-S1-ZIP	070 N OCEAN DR, 15-C	DFLETE	2.7 NAME 2.3 STREE1 ADDRESS 2.4 CITY-S1-ZIP 3.1 TILLE 3.2 NAME 3.3 STREE1 ADDRESS 3.4. CITY-S1-ZIP		☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	070 N OCEAN DR, 15-C	DFLETE	2.7 NAME 2.3 STREE1 ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREE1 ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE		☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-SI-ZIP TITLE NAME	070 N OCEAN DR, 15-C	DELETE	2.7 NAME 2.3 STREE1 ADDRESS 2.4 CITY-S1-ZIP 3.1 TITLE 3.2 NAME 3.3 STREE1 ADDRESS 3.4 CITY-S1-ZIP 4.1 TITLE 4.2 NAME		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	070 N OCEAN DR, 15-C	DFLETE	2.7 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS		☐ Change ☐ Addilion
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP	070 N OCEAN DR, 15-C	DELETE	2.7 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	070 N OCEAN DR, 15-C	DELETE	2? NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	070 N OCEAN DR, 15-C	☐ DELETE	2.7 NAME 2.3 STRECT ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STRECT ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STRECT ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME		☐ Change ☐ Addition ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	070 N OCEAN DR, 15-C	DELETE	2.7 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS		☐ Change ☐ Addition ☐ Change ☐ Addition
TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	070 N OCEAN DR, 15-C	☐ DELETE	2.7 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP		☐ Change ☐ Addition ☐ Change
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	070 N OCEAN DR, 15-C	☐ DELETE	2.7 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TILE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE		☐ Change ☐ Addition ☐ Change

Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutos. I further certify that the information indicated on this armual report or supplemental armual report is true and accurate and that my signature shall have the same legal effect as if made under eath, that I am an officer or director of the exercised or trusted 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