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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

**FILED** 

May 02 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

POCUMENT # P96000020523 (2)

ENGLISH COMMUNICATIONS, INC.

Principal Place of Business Mailing Address 33929 YALENCIA DRIVE 33929 VALENCIA DRIVE LEESBURG FL 34788-3521					
				3. Date Incorporated or Qualified 03/04/1996	3a. Date of Last Report
2. Principal P	lace of Business	26. Mailing Address 26. <i>P. O. Bo</i> χ 8	366	4. FEI Number 59 - 33 80 3	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State  28 Lets burg	FL	Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25		Country 30 US		Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent					
	LISH, EDWIN R		81 Name		
33929 VALENCIA DRIVE LEESBURG FL			82 Street Addi	ress (P.O. Box Number is Not Acceptable	le)
LEEK	DOUNG FL		63		
! !			84 City		FL 85 Zip Code
office or r	to the provisions of Sections 607.050; egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was at	uthorized by the corporat	poration submits this statement for the policin's board of directors. I hereby accep	urpose of changing its registered
SIGNATURE					
40	Signature, typed or printed name of registered age	<del></del>	Registered Agent signature require 13.	red when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE
12.	OFFICERS AND	DELETE	1.1 1)TLE	ADDITIONS/CHANGES TO OFFICE	Change Addition
NAME	ENGLISH, EDWIN R		12 NAME		
STREET ADDRESS	POST OFFICE BOX 866		1.3 STREET ADDRESS		
CITY-ST-ZIP	LEESBURG FL 34749		1.4 CITY-ST-ZIP		
TITLE	D ENGLISH FRANKS	☐ DELETE	2.1 TITLE		Change Addition
NAME	ENGLISH, EDWIN R		2.2 NAME		
STREET ADDRESS	POST OFFICE BOX 866 LEESBURG FL 34749		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	LEEDDONN I COTITO	DELETE	2 4 CHY-S1-ZIP 3 1 TITLE		Change Addition
NAME		LJ VICCIE	3 2 NAME		Shouge nodition
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 T(1)LE		☐ Change ☐ Addition
NAME			4 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP		Change Addition
TITLE NAME		ן שנונונ	5.1 TITLE 5.2 NAME		LI Change LI Addition
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY - ST - ZIP		
TITLE	<del></del>	DELETE	6.1 TITLE		Change Addition
NAME		. –	6 2 NAME		•
STREET ADDRESS			6.3 STREET ADDRESS		

Ido 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 tojc 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 corporation or the receiver or trusted empoyable to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 or chapter 607, or on an introduced with an application.

6.4 CITY-ST-ZIP

OLONIATURE.

CITY-ST-ZIP