

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P97000103584**

1. Corporation Name

VIRTUAL LANGUAGES, INC.

Principal Place of Business

**1700 N DIXIE HWY, SUITE 114
BOCA RATON FL 33432**

Mailing Address

**1700 N DIXIE HWY, SUITE 114
BOCA RATON FL 33432**

FILED
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90024 015 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/01/1998

4. FEI Number

65-030-4433

☒ Applied For

☐ Not Applicable

5. Certificate of Status Desired ☒

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

8. This corporation owes the current year
Intangible Personal Property

☐ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

29 Zip

30 Country

9. Name and Address of Current Registered Agent

**ORDONEZ, JEAN GILES
1700 N DIXIE HWY, SUITE 114
BOCA RATON FL 33432**

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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **D President & Secretary** ☐ DELETE
NAME **ORDONEZ, JEAN GILES**
STREET ADDRESS **1700 N DIXIE HWY, SUITE 114**
CITY-ST-ZIP **BOCA RATON FL 33432**

TITLE **Vice President** ☐ DELETE
NAME **Dr. Judith B. Strother**
STREET ADDRESS **505 West Pine Road**
CITY-ST-ZIP **Melbourne Village, FL 32904**

TITLE **Treasurer** ☐ DELETE
NAME **Danya Taylor Given**
STREET ADDRESS **1109 River Beach Dr.**
CITY-ST-ZIP **Fort Lauderdale, FL 33315**

TITLE **Andrea Vance - Director** ☐ DELETE
NAME **Andrea Vance**
STREET ADDRESS **3102 Congressional Way**
CITY-ST-ZIP **Deerfield Beach, FL 33442**

TITLE **Randall Alford - Director** ☐ DELETE
NAME **Randall Alford**
STREET ADDRESS **917 Plymouth Court NE**
CITY-ST-ZIP **Palm Bay, FL 32905-4563**

TITLE **Andrea De Capua - Director** ☐ DELETE
NAME **Andrea De Capua**
STREET ADDRESS **6672 NW 98th Dr.**
CITY-ST-ZIP **Portland, FL 33026**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **Director** ☐ Change ☐ Addition
1.2 NAME **Richard Giles**
1.3 STREET ADDRESS **32 Randall Rd.**
1.4 CITY-ST-ZIP **Stow, MA 01775**

2.1 TITLE **Elaine & Thomas Anderson** ☐ Change ☐ Addition
2.2 NAME **Elaine & Thomas Anderson**
2.3 STREET ADDRESS **6952 Westworth Ave. SW - Director**
2.4 CITY-ST-ZIP **Port Orchard, WA 98367**

3.1 TITLE **Brenda F. Bawg-Ellison** ☐ Change ☐ Addition
3.2 NAME **Brenda F. Bawg-Ellison**
3.3 STREET ADDRESS **267 Harrell Drive**
3.4 CITY-ST-ZIP **Spokane, WA 99207**

4.1 TITLE **Brian Klapman - Director** ☐ Change ☐ Addition
4.2 NAME **Brian Klapman**
4.3 STREET ADDRESS **1013 Brynwood Park Dr.**
4.4 CITY-ST-ZIP **Hixson, TN 37549**

5.1 TITLE **Caterina Oliveira - Director** ☐ Change ☐ Addition
5.2 NAME **Caterina Oliveira**
5.3 STREET ADDRESS **1085 SW 42nd Ter.**
5.4 CITY-ST-ZIP **Deerfield Beach, FL 33442**

6.1 TITLE **Lisa Landy - Director** ☐ Change ☐ Addition
6.2 NAME **Lisa Landy**
6.3 STREET ADDRESS **6255 Old Cutter Rd.**
6.4 CITY-ST-ZIP **Minneapolis, FL 33156**

14. I 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/8/99

Daytime Phone #

CR2E034 (5/99)