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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000011014 1. Corporation Name

CONVENTION LANGUAGE CONNECTION, INC.

Principal Place	of Business	Mailing Address					*********		
7741 SUGAR BEND DR.		7741 SUGAR BEND DR.							
ORLANDO FL 32819		ORLANDO FL 32819			DO NOT WRIT	E IN THIS S	SPACE		
						3. Date Incorporated or Qualifed 02/02/1998			
2. Principal Pl	ace of Business	2a. Mailing Addres	S			4. FF! Number		Apr	olied For
11		26				<i>5934 88 38</i>	3	Not	Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 A		
		27				3. Certificate of Status Desired	<u> </u>	Fee Red	quired
City & State		City & State				6. Election Campaign Financing		\$5.00	
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	_	ıntry		8. This corporation owes the curre			m.,
24	25	29	30	r——		Personal Property Tax.		<del></del>	□No
	9. Name and Address of Curre	nt Registered Agent		041	Nome	10. Name and Address of New R	egistered A	gent	
DAV	NE MARC A			81	Name			_	_ ]
Payne, Marc a 2826 Shader Road				82	Street Add	ddress (P.O. Box Number is Not Acceptable)			
	ANDO FL 32808								
OnD	-NDO FE 32000			83					
				84	City			85 Zip C	Code
							<u>FĻ</u>		
office or re agent. I ar	to the provisions of Sections 607.056 egistered agent, or both, in the State in familiar with, and accept the obliging	e of Florida. Such change	was authorized	o ovtr	named corporat	poration submits this statement for the ion's board of directors. I hereby accep	the appoin	tment as reg	gistered
SIGNATURE Signature, typed or printed name of registered agent and title if applicable. (NOTE: Re				Agent s	signature requir	ed when reinstating)	DATE		
12.	OFFICERS A	ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF			
TITLE	D	☐ DEL	ET€ ! 1.1 TI	TLE	S	II. Wonder M		☐ Change	Addition
NAME	SELLY, ROGER M		12 N	AME	3	2119, 10 2.23	Drive	<u>-</u>	{
STREET ADDRESS	7741 SUGAR BEND DR.		1.3 S	TREET A	NODRESS 7	1741 Sugar Bena		". <i>O</i>	- 1
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CI	ITY-ST-	ZIP (	ally, Wendy M. 1741 Sugar Bend Orlando, Florida	328	17	
TITLE		☐ DEL	ETE 2.1 TI	ΠE				☐ Change	☐ Addition
NAME [			2 2 N	AME	ļ				
STREET ADDRESS	e constant		2.3 \$	TREET	ADDRESS	Single Company			[
CITY-ST-ZIP			2.40	CITY-ST	- ZIP				
TITLE		☐ DEL	ETE 31TI	mle				☐ Change	☐ Addition
NAME			32 N	AME	1				ĺ
STREET ADDRESS			3.3 S	TREETA	ADORESS				
CITY-ST-ZIP			<u>3.</u> 4 C	::TY-ST-	-ZIP				
TITLE		☐ DEL	ETE 4.1 TI	ITLE				Change	☐ Addition
NAME			4,21	AME					٠ ١
STREET ADDRESS			4.3 S	TREET A	ADDRESS				}
CITY-ST-ZIP			44C	ITY-ST-	ZIP				
TITLE		☐ DEL	ETE 5.1 TI	ITLE				Change	☐ Addition
NAME			5.2 N	AME					
STREET ADDRESS			5.3 S	TREET A	ADDRESS				Í
CITY-ST-ZIP				ITY-ST-	ZIP				
TITLE		☐ DEL	ETE 6.1 TI	ITLE				☐ Change	Addition
NAME			6.2 N	AME					
STREET ADDRESS			6.3 S	TREET	ADDRESS				}

14. I hereby certify that the information supplied with this filling 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

Mar 01, 1999 8:00 am Secretary of State

03-01-1999 90244 007 \*\*\*150.00