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 # P98000102257

1. Corporation Name

ENGLISH ONLINE, INC.

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90001 038 ***150.00



Principal Place of Business Mailing Address				-	F 10071003 IIA LOLDE POLIT DRICE DOLL DRIDS HOUS	ABISE HOLD HOUSE	
•	-						
1077 N.E. 5TH TERRACE FORT LAUDERDALE FL 33334		4077 N.E. 5TH TERRACE FORT LAUDERDALE FL 33334			DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 12/08/1998		
2. Principal Place of Business		2a. Mailing Address		4. FEI Number		plied For at Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required		
City & State		City & State		Election Campaign Financing Trust Fund Contribution	-		
Zíp	Country	Zip	Countr	у	8. This corporation owes the current year	Intangible	_
24	25	29 30		_	Personal Property Tax.	☐ Yes	□ No
- •	9. Name and Address of Current	Registered Agent		.,	10. Name and Address of New Registers	d Agent	_
			81	1 Name			
	KEN, CHARLES D WEST BROWARD BOULEVARD		82	2 Street Ad	dress (P.O. Box Number is Not Acceptable)		
SUITE			83	3			
PLANTATION FL 33324			84	4 City	F	85 Zip	Code
agent. I a SIGNATURE	m familiar with, and accept the obligati	ons of, Section 607.0505, Florida	Statute	·S.	ation's board of directors. I hereby accept the appropriate the state of the state	1/27/99	7
12.	OFFICERS AND	DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS	AND DIRECTO	R\$ IN 12
TITLE .	D	☐ DELETE	1.1 TITLE	T		Change	☐ Addition
NAME	Donahue, Steven J		1.2 NAME	:			
STREET ADDRESS	4077 N.E. 5TH TERRACE		1.3 STREE	ET ADDRESS	•		
CITY-ST-ZIP	FORT LAUDERDALE FL 33334		1.4 CITY-	ST-ZIP			
TTLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition Addition
NAME	Lesku, nasi n		2.2 NAME				
	077 N.E. 5TH TERRACE 238		2.3 STRE	ET ADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33334			-ST-ZIP			
TITLE	DELETE 3.1 TI		3.1 TITLE			☐ Change	☐ Addition
NAME	,		3.2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP			3.4. CITY-			☐ Change	☐ Addition
TITLE	_		4.1 TITLE			C Change	
NAME			4. 2 NAME				
STREET ADDRESS				ET ADDRESS			
CITY-ST-ZIP	<u> </u>	DELETE	5.1 TITLE			☐ Change	☐ Addition
TITLE		_ >====================================	5.1 NAME			3*	_
NAME -				ET ADDRESS			
STREET ADDRESS			5.4 CITY-		,		•
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE			☐ Change	Addition
NAME			6.2 NAME	.		_ •	
				ET ADDRESS			
STREET ADDRESS		j	6.4 CITY-	4			
CITY-ST-ZIP	<u></u>		3 3111-		O # 440 07/01/2 First- 04-64 4 17 (F		

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 60%. 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.

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

SIGNATURE: