

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
Jun 12 1996 8:00 am
Secretary of State

DOCUMENT # S86794 (2)

1. Corporation Name

FLORIDA LANGUAGE CENTER, INC.



Principal Place of Business Mailing Address
5975 N. FEDERAL HIGHWAY
SUITE 243
FT. LAUDERDALE FL 33308
5975 N. FEDERAL HIGHWAY
SUITE 243
FT. LAUDERDALE FL 33308

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

SMITH, CHRISTOPHER G
1010 S OCEAN BLVD 409
POMPANO BEACH FL 33062

3. Date Incorporated or Qualified 10/11/1991 3a. Date of Last Report 06/07/1995

4. FEI Number 65-0289242 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 has liability for intangible tax under s. 199.03? Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

81 Name CHRISTOPHER G. SMITH
82 Street Address, P.O. Box Number is Not Acceptable 2215 Cypress Island DR #105
83 Pompano Beach, FL 33069
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

Christopher G. Smith

Signature typed or printed name of registered agent (if not applicable)

(Note: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME D
STREET ADDRESS GUNZ, DIETMAR
CITY-ST-ZIP 5975 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS SWIFT, JAMES
CITY-ST-ZIP 5975 N. FEDERAL HIGHWAY
FT. LAUDERDALE FL

TITLE ☐ DELETE
NAME D
STREET ADDRESS SMITH, CHRISTOPHER G
CITY-ST-ZIP 1010 S OCEAN BLVD 409
POMPANO BEACH FL

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☐ Addition
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE ☐ Change ☐ Addition
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE ☐ Change ☐ Addition
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ Addition
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Christopher G. Smith
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/6/96 954-771-0222
Date & Phone

CR2E034 (3/96)