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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # S86794

(2)

	A LANGUAGE CENTER, INC		,e						
Principal Place of Business Mailing Address  5975 N. FEDERAL HIGHWAY S975 N. FEDERAL HIGHWAY SUITE 243 SUITE 243  FT. LAUDERDALE FL 33308 FT. LAUDERDALE FL 33308-2661									
						3. Date Incorporated or Qualified 10/11/1991 3a. Date of Last Report 06/12/1996			
2. Principal Pla	ace of Business	2a. Mailing Address	. Mailing Address			4. FEI Number 65-0289242		<del></del>	oplied For of Applicable
Suite, Apt #	W. etc. T	Suite Apl #, qc 27 City & State			5. Certificate of Status Desired  Fee Required				
City & Start	N DOO				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip				untry		This corporation has liability for Florida Statutes	Yes 🔲	No	199.032,
	9. Name and Address of Current	Registered Agent		Ţ,		10. Name and Address of New Re	Netered Ag	ent	
	TH, CHRISTOPHER B			81	Name				
2215 CYPRESS ISLAND DR #105 POMPANO BEACH FL 33069				82	Street Add	ess (P.O) Box Number is Not Acceptab	le)		
				83		Samo			
				84	City		FL	<b>85</b> Zip (	Code
SIGNATURE	on familiar with, and accept the obligation of registered agentic typed or printed name of registered agentications.  OFFICERS AND	and title if applicable. (NO				oration submits this statement for the pon's board of directors. I hereby accept divine the property of the pr	DATE		
TITLE	D	DELETE	1.1 7	ITLE				Change	Addition
NAME	gunz, dietmar		1.2 N	MAME	1	•			
STREET ADDRESS	5975 N. FEDERAL HIGHWAY		135	STREET A	NDDRESS				
CITY-S1-ZIP	FT. LAUDERDALE FL		1.4 0	CITY-ST	-ZIP			4	
TITLE	D AMES	☐ DELETE	2.1 7				L	_ Change	Addition
NAME	SWIFT, JAMES 5975 N. FEDERAL HIGHWAY			VAME		•			
STREET ADDRESS	FT. LAUDERDALE FL				ADDRESS				
CITY-ST-ZIP TITLE	D D	DELETE	2.4 ( 3.1 T	CITY-SI	1-2IP	<del></del>		Change	Addition
NAME	SMITH, CHRISTOPHER G	bread provents		NAME			-		- 100
STREET ADDRESS	1010 S OCEAN BLVD 409				ADDRESS				
CITY-ST-ZIP	POMPANO EBAHC FL		3.4.	CITY-ST	r- ZIP				
TITLE		☐ DELETE		TITLE			Ţ	Change	Addition
NAME				NAME					
STREET ADDRESS					ADDRESS				
CITY - ST - ZIP TITLE		☐ DELETE		CITY-ST TITLE	-ZIP		Т	Change	Addition
NAME		□ prerie	1	NAME	}		L-	" Auguste	אטווטור נייין
STREET ADDRESS			1		ADDRESS				
CITY-ST-ZIP				CITY - ST	1				
TITLE		DELETE		TITLE				Change	Addition
NAME			6.2 N	NAME					
STREET ADDRESS			6.3 9	STREET	ADDRESS				
CITY-S1-ZIP				CITY-ST	<del> </del>				
informatio	n indicated on this annual report or si	applemental annual report is the receiver or trustee empor	true and wered to	<b>ACCU!</b>	rate and that	in Section 119.07(3)(i), Florida Statute my signature shall have the same legal as required by Chapter 607, Florida S	il effect as it	made un	ider oath: that

SIGNATURE:

**FILED** 

Feb 14 1997 8:00am

Secretary of State