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 # . \$86794 1. Corporation Name

FLORIDA LANGUAGE CENTER, INC.

Principal Place of Business Mailing Address 5975 N. FEDERAL HIGHWAY 5975 N. FEDERAL HIGHWAY

SUITE 243

FILED Feb 21, 1999 8:00 am Secretary of State

02-21-1999 90041 018 ***150.00



Suite 243 Ft. Lauderdale fl 33308		SUITE 243 FT. LAUDERDALE FL 33308		DO NOT WRITE IN THIS SPACE
		.,, _,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Date Incorporated or Qualified 10/11/1991
2. Principal P	lace of Business	2a. Mailing Address		4. FEI Number Applied For
26		26		65-0289242 Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	_	5. Certifcate of Status Desired
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year Intangible
	25			Personal Property Tax. Yes XNo
	9. Name and Address of Curr	ent Registered Agent	81 Name	10. Name and Address of New Registered Agent
2215	TH, CHRISTOPHER B 5 CYPRESS ISLAND DR #105 IPANO BEACH FL 33069		UHRI	TSTOPHER G. MITH Iress (P.O. Box Number is Not Acceptable) N. W. 34 + WA
			84 City Co Co	onut Creek FL 85 Zip Code 6
office or r	egistered agent, or both, in the Stat m familiar with, and accept the oblig	e of Florida. Such change was aut gations of, Section 607.0505, Florid	horized by the corporati	
12.	OFFICERS A	AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TTLE	D	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	GUNZ, DIETMAR		1.2 NAME	
TREET ADDRESS	5975 N. FEDERAL HIGHWAY		1.3 STREET ADDRESS	
OTY ST ZIP	FT. LAUDERDALE FL		1.4 CITY-ST-ZIP	
ITLE	D	☐ DELETE	2.1 TITLE	Change
	SWIFT, JAMES		2.2 NAME	
··I ADDRESS	5975 N. FEDERAL HIGHWAY		2.3 STREET ADDRESS	
Tri St-ZIP	FT. LAUDERDALE FL		2.4 CITY-ST-ZIP	Change Addition
TILE	D	☐ DELETE	3,1 TITLE	☐ Change ☐ Addition
	SMITH, CHRISTOPHER G		3.2 NAME	
···· I ANDRESS	- • • • • • • • • • • • • • • • • •	: :	3.3 STREET ADORESS	
- ST-ZIP-	POMPANO EBAHC FL 33069		3.4. CITY-ST-ZIP	☐ Change ☐ Addition
		☐ DELETE	4.1 T/TLE	☐ Change ☐ Addition
-			4.2 NAME	
···· · 1 ADDHESS			4,3 STREET ADDRESS	
ST-ZIP			4.4 CITY-ST-ZIP	Channe C Addition
		☐ DELETE	51 TITLE	☐ Change ☐ Addition
-			5.2 NAME	
····· (ADDRESS			5.3 STREET ADDRESS	
····-ST-ZIP			5.4 CITY-ST-ZIP	DAL D 1330
		☐ DELETE	6.1 TITLE	Change Addition
-			62 NAME	
· ··· LADERLSS			6.3 STREET ADDRESS	
ST-ZIP			64 CITY-ST-ZIP	

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 of the executer 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 the empowered.

MATURE: