

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**APPROVED
AND
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95 MAY -1 PM 2:08

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

CORPORATION ANNUAL REPORT 1995		FLORIDA DEPARTMENT OF STATE Sandra B. Morsham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # J61232 (1)

1. Corporation Name
ACHIEVEMENT CENTER FOR EARLY LEARNING OF PALMA C EIA, INC.

Principal Place of Business	Mailing Address
5714 S DALE MABRY TAMPA FL 33611	5714 S DALE MABRY TAMPA FL 33611

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/27/1987		3a. Date of Last Report 05/01/1994	
4. FEI Number 59-2770935		Applied For Not Applicable	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
8. Has corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business				2a. Mailing Address			
21	State Apt # etc			26	State Apt # etc		
22	City & State			27	City & State		
23	City & State			28	City & State		
24	City	25	County	29	City	30	County

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
LABARBERA, FLORA 5714 S DALE MABRY TAMPA FL 33611				81 Name			
				82 Street Address (P.O. Box Number is Not Acceptable)			
				83			
				84 City			

11. Pursuant to the provisions of Sections 607.0702 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 607.0705, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent required when registered)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P LABARBERA, FLORA 5714 S DALE MABRY TAMPA FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ST HERNANDEZ, HENRY 16909 WHIRLEY RD LUTZ FL	1.2 NAME	
STREET ADDRESS		1.3 STREET ADDRESS	
CITY, ST, ZIP		1.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY, ST, ZIP		2.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		6.4 CITY, ST, ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.021(1)(b), Florida Statutes. I further certify that the information included in 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 of Block 13 of this report or on an attachment with an address.

SIGNATURE: *Flora Labarbera* **5-1-95**

(QUALIFYING AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR)