

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

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PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 NOV 17 PM 3:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



DOCUMENT # P96000032412 (4)

1. Corporation Name
ACHEIVA ENTERPRISES, INC.

Principal Place of Business: **6005 BABCOCK ST., S.E. PALM BAY FL 32909**
Mailing Address: **6005 BABCOCK ST., S.E. PALM BAY FL 32909-3954**

3. Date Incorporated or Qualified: **04/10/1996**
3a. Date of Last Report: [Blank]
4. FEI Number: **59-3372477**
4b. Applied For: [Blank]
4c. Unit Applicable: [Blank]
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. 199.032, Florida Statutes: Yes No

2. Principal Place of Business
21. Suite, Apt. # etc.: [Blank]
22. City & State: [Blank]
23. Zip: [Blank] Country: [Blank]
24. [Blank] 25. Country: [Blank] 29. Zip: [Blank] 30. Country: [Blank]

2a. Mailing Address
26. Suite, Apt. #, etc.: [Blank]
27. City & State: [Blank]
28. Zip: [Blank] Country: [Blank]

9. Name and Address of Current Registered Agent

TARZIA, CARMINE
6005 BABCOCK ST., S.E.
PALM BAY FL 32909

10. Name and Address of New Registered Agent
81. Name: [Blank]
82. Street Address (P.O. Box Number is Not Permitted): **600002352066--5**
83. City, State, Zip: **11719 97--01085--009**
******165.00 ****165.00**
84. City: [Blank] 85. Zip Code: **FL**

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

Signature type for printed name of registered agent and title if applicable

(NONE) Registered Agent signature required when non-state agent

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	DP	<input type="checkbox"/> DELETE
NAME	TARZIA, MICHAEL SR.	
STREET ADDRESS	110 ELMWOOD AVE.	
CITY- ST- ZIP	SELDEN NY 11784	
TITLE	DV	<input checked="" type="checkbox"/> DELETE
NAME	TARZIA, CARMINE	
STREET ADDRESS	239 AVENS RD., N.E.	
CITY- ST- ZIP	PALM BAY FL 32907	
TITLE	T	<input type="checkbox"/> DELETE
NAME	TARZIA, LEONA L	
STREET ADDRESS	110 ELMWOOD AVE.	
CITY- ST- ZIP	SELDEN NY 11784	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	TARZIA, KATHLEEN M	
STREET ADDRESS	239 AVENS RD., N.E.	
CITY- ST- ZIP	PALM BAY FL 32907	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY- ST- ZIP	[Blank]	
TITLE	[Blank]	<input type="checkbox"/> DELETE
NAME	[Blank]	
STREET ADDRESS	[Blank]	
CITY- ST- ZIP	[Blank]	

1.1 TITLE	[Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TARZIA, MICHAEL SR.	
1.3 STREET ADDRESS	701 ANDREW ST	
1.4 CITY- ST- ZIP	PALM BAY FL 32909	
2.1 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	[Blank]	
2.3 STREET ADDRESS	[Blank]	
2.4 CITY- ST- ZIP	[Blank]	
3.1 TITLE	[Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	TARZIA, LEONA L.	
3.3 STREET ADDRESS	701 ANDREW ST	
3.4 CITY- ST- ZIP	PALM BAY FL 32909	
4.1 TITLE	[Blank]	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	[Blank]	
4.3 STREET ADDRESS	[Blank]	
4.4 CITY- ST- ZIP	[Blank]	
5.1 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	[Blank]	
5.3 STREET ADDRESS	[Blank]	
5.4 CITY- ST- ZIP	[Blank]	
6.1 TITLE	[Blank]	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	[Blank]	
6.3 STREET ADDRESS	[Blank]	
6.4 CITY- ST- ZIP	[Blank]	

14. I do 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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed or on an attachment with an address.

SIGNATURE: *Michael Sr. Tarzia* Michael Sr. Tarzia 4-1-97

CR2E034 (9/96)

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ACHIEVA ENTERPRISES, INC.
701 Andrew Street
Palm Bay, FL 32995

October 27, 1997.

Division of Corporations
Annual Reports Section
PO Box 1500
Tallahassee, FL 32902-1500

RE: Corporation Annual Report

Gentlemen:

Please find enclosed a copy of the Annual Report. This report was originally filed on April 1, 1997. I was unaware that it had not been received and since my accountant suffered a heart attack, he was unable to aggressively pursue this matter at the time.

As my check is outstanding please find enclosed Check # 1217 in payment.

Thank you for your help in this matter.

Truly yours,



Michael Tarzia

Enc: Copy of Annual Report
Check #1217