

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # F95000001429 (8)

1. Corporation Name

ACHIEVERS UNLIMITED OF DELAWARE, INC.



Principal Place of Business

1013 CENTRE RD.
WILMINGTON DE 19805

Mailing Address

1013 CENTRE RD.
WILMINGTON DE 19805

2. Principal Place of Business

21 900 Phillips Point West

Suite, Apt. #, etc.

22 777 South Flagler Drive

City & State

23 West Palm Beach, Florida

Zip

Country

24 33401

25 U.S.A.

2a. Mailing Address

26 900 Phillips Point West

Suite, Apt. #, etc.

27 777 South Flagler Drive

City & State

28 West Palm Beach, Florida

Zip

Country

29 33401

30 U.S.A.

3. Date Incorporated or Qualified

03/08/1995

3a. Date of Last Report

4. FEI Number

65-0342649

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. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

HARRISON, CHRISTINE
EAST TOWER, SUITE 700
777 SOUTH FLAGLER DRIVE
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name

Lisa Montalvo

82 Street Address (P.O. Box Number is Not Acceptable)

900 Phillips Point West

83

777 South Flagler Drive

84 City

West Palm Beach

FL

85 Zip Code

33401

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 605, Florida Statutes.

SIGNATURE

Lisa Montalvo

Registered Agent

April 11, 1996

DATE

12. OFFICERS AND DIRECTORS

TITLE PTD ☒ DELETE
NAME MATTHEWS, DOUGLAS G
STREET ADDRESS 777 S. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE SD ☒ DELETE
NAME CONNELLY, ELIZABETH D
STREET ADDRESS 777 S. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

TITLE D ☒ DELETE
NAME HANGER, GARY
STREET ADDRESS 777 S. FLAGLER DR.
CITY-ST-ZIP WEST PALM BEACH FL 33401

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.

1.1 TITLE PTSD ☒ Change ☐ Addition
1.2 NAME Elizabeth D. Connelly
1.3 STREET ADDRESS 900 Phillips Point West, 777 South Flagler Drive
1.4 CITY-ST-ZIP West Palm Beach, Florida 33401

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME 100001778231
2.3 STREET ADDRESS -04/12/96--01034--019
2.4 CITY-ST-ZIP ****200.00 ****200.00

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 of this report, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

April 11, 1996

Date

(407) 835-3777

Daytime Phone #

CR2E034 (12/95)