

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

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 MAY - 1 AM 9:06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 381806 (9)

1. Corporation Name

ACADEMIC ACHIEVEMENT CENTER, INC.

Principal Place of Business

Mailing Address

313 PRUETT RD
SEFFNER FL 33584-0116

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SEFFNER FL 33584-0116

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/10/1971

3a. Date of Last Report

07/19/1994

2. Principal Place of Business

2a. Mailing Address

21. []

26. []

4. FEI Number

59-1348049

Applied For

Not Applicable

22. Suite, Apt. #, etc.

27. Suite, Apt. #, etc.

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

23. City & State

28. City & State

6. Election Campaign Financing

\$5.00 May Be

Trust Fund Contribution

Added to Fees

24. Zip

25. Country

29. Zip

30. Country

8. This corporation has liability for intangible tax under S. 199.032

Florida Statutes Yes No

9. Name and Address of Current Registered Agent

STARK, ARNOLD L, PH.D
6305 EUREKA SPGS RD
TAMPA FL 33610

10. Name and Address of New Registered Agent

81. Name

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

83. []

84. City

FL

85. Zip Code

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, typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PD
NAME: STARK, LILLIAN M
STREET ADDRESS: 6305 EUREKA SPGS RD
CITY - ST - ZIP: TAMPA FL

1.1 TITLE Change Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY - ST - ZIP

TITLE: VD
NAME: STARK, ARNOLD L, PH.D
STREET ADDRESS: 6305 EUREKA SPGS RD
CITY - ST - ZIP: TAMPA FL

2.1 TITLE Change Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY - ST - ZIP

TITLE: []
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

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

TITLE: []
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

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

TITLE: []
NAME: []
STREET ADDRESS: []
CITY - ST - ZIP: []

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

TITLE: []
NAME: []
STREET ADDRESS: []
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 110.07(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 if changed, or in an appointment with an address.

SIGNATURE: *Arnold L. Stark, Ph.D.* / *Arnold L. Stark, Ph.D.* 4/25/95 (813)654-4198
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR