## 4-24-98 B 5509 NC FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 381806

(9)

ACADEMIC ACHIEVEMENT CENTER, INC.

Principal Place of Business	Mailing Address	
313 PAUETT RD SEFFNER FL 33584-0116	313 PRUETT RD SEFFNER FL 33584-0116	
2. Principal Place of Business	2a. Mailing Address	

**FILED** Apr 24 1998 8:00am Secretary of State

Start   Part										
SEFFNER FL 33594-0116  SEFFNER FL 33594-0116  SEFFNER FL 33594-0116  SEFFNER FL 33594-0116  DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified OS/10/1971  2. Principal Place of Business  2a. Mailing Address  4. FEL Number  59-1348049  Not Applied For Suite, Api. etc.  Suite, Api. etc.  Suite, Api. etc.  City & State  City & State  City & State  27  Country  Zip  Coun	Principal Place	e of Business	Mailing Address				T HERPER ININI GRAFF NATAL CRIM BRIEF	OFFI BLOSS OF DATE	FIBR CLAN CION	
DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified    Society   So										
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 3. Date Incorporated or Qualified 05/10/1971 2. Principal Place of Business 2. Mailing Address 3. Fell Number 3. A FEI Number 3. Suite, Apt #, etc. 3. Suite, Apt #, etc. 3. Suite, Apt #, etc. 4. Fell Number 5. Certificate of Status Desired   Refequired   Refequ							DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business 2. Mailing Address 3. Fel Number								<del></del>	JI 7.02	
2. Principal Place of Business   2a. Mailing Address   4. FEI Number   59-1348049   Not Applical For 59-1348049   Not Applical State   Suite, Apt #, etc.   Suite, Apt #, etc.   Suite, Apt #, etc.   S. Certificate of Status Desired   \$8.75 Additional Fee Required   See Require							1 7			
Suite, Apt. #, etc  22  City & State  Country  Added to Fees  Ad	2. Principal P	lace of Business	2a. Mailing Address						Ar	plied For
22   27   27   27   28   28   29   30   30   30   30   30   30   30   3	21		26				59-1348049		No	ot Applicable
City & State   City & State   City & State   City & State		#, etc.	h				5. Certificate of Status Desired			
23										
Zip Country Zip Country Zip Country B, This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.    Yes   No   No   No   No   No   No   No   N		e	├ <del></del>							
28		Country		Coun	ntry		<del>†</del>			
STARK, ARNOLD L., PH.D 6305 EUREKA SPGS RD TAMPA FL 33610  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 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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD DELETE  1.1 ITILE  PD DELETE  1.3 STARK, LILLIAN M STARK, ARNOLD L, PH.D  DELETE  1.4 CITY-S1-ZIP  TITLE  VD Change  Additional Add	24	25	29	30	-					_
STARK, ANNUD L., PH.D 6305 EUREKA SPGS RD TAMPA FL 33610  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 registere of agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent 1 am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registere agent a		g, Name and Address of Curre	nt Registered Agent				10. Name and Address of New I	Registered A	Agent	
TAMPA FL 33610  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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typed or punied name of registered agent and little if applicable  (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12  TITLE  PD  OFFICERS AND DIRECTORS IN 12  Change Additional Control of the provision of the purpose of change as authorized by the corporation's board of directors. I hereby accept the appointment as registered agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS IN 12  TITLE  PD  STARK, LILLIAN M  12 NAME  STREET ADDRESS  CHY-ST-2IP  TITLE  VD  DELETE  1.4 CITY-ST-ZIP  TITLE  VD  Change Additional Chang	STA	ARK, ARNOLD L., PH.D		[1	<b>81</b>   N	lame				
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 arm familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  Signature: typed or protect registered agent and life if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. TITLE  PD				ħ	<b>62</b> S	treet Addre	ess (P.O. Box Number is Not Accept	lable)		
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 agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.  SIGNATURE  SIGNATURE  SIGNATURE  SIGNATURE  OFFICERS AND DIRECTORS  19. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. NAME  STARK, LILLIAN M  STREET ADDRESS  G305 EUREKA SPGS RD  1.3 STREET ADDRESS  CFTY-ST-2IP  TITLE  VD DELETE  1.4 CITY-ST-ZIP  TITLE  VD DELETE  2.1 TITLE  VD Change  Additional Change	TAN	MPA FL 33610		l.	83					
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 agent. 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 607.0506, Florida Statutes.  SIGNATURE  Signature typed or prelied name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  DATE  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE PD				Ľ	~					
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 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 little if applicable. (NOTE Registered Agent signature required when reinstating)    DATE				[·	<b>64</b> C	ity		FI	85 Zip	Code
agent I am familiar with, and accept the obligations of, Soction 607.0505, Florida Statutes.  SIGNATURE    Signature typed or printed name of registered agent and little if applicable   (NOTE Registered Agent signature required when reinstating)   DATE	11. Pursuant i	to the provisions of Sections 607 05	02 and 607.1508, Florida Statu	tes, the ab	ove-na	amed corpo	oration submits this statement for the		changing it	s registered
SIGNATURE    Signature typed or printed name of registered agent and little # applicable   (NOTE Registered Agent signature required when reinstating)   DATE	office or ri	egistered agent, or both, in the State	e of Florida. Such change was	authorized	by the					
Signature: typed or printed name of registered agent and little if applicable. (NOTE Registered Agent signature required when reinstating)  12. OFFICERS AND DIRECTORS  13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.  TITLE PD		in taring the accept the conf								
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STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	OFFICERS AN PD STARK, LILLIAN M 6305 EUREKA SPGS RD TAMPA FL VD STARK, ARNOLD L, PH.D 6305 EUREKA SPGS RD	gerif and little if applicable (NO) ND DIRECTORS DELETE DELETE DELETE	13. 1.1 IIIL 1.2 NAM 1.3 STR 1.4 CIT 2.1 IIITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR	Agont si  E  ME  HEET ADD  Y-S1-ZI  E  ME  HEET ADD  Y-S1-Z  E  ME  HEET ADD  Y-S1-Z  E  ME  HEET ADD  Y-S1-Z  E  ME  HEET ADD  ME  HEET ADD  ME  HEET ADD  ME  HEET ADD	RESS P RESS IP RESS P			Change Change Change	Addition  Addition  Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP   3.4 CITY-ST-ZIP	SIGNATURE  12.  TITLE  NAME  STREET ADDRESS  CITY-ST-ZIP	OFFICERS AN PD STARK, LILLIAN M 6305 EUREKA SPGS RD TAMPA FL VD STARK, ARNOLD L, PH.D 6305 EUREKA SPGS RD	DELETE  DELETE  DELETE  DELETE	13. 1.1 IIIL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 3.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT	Agont si  E  ME  HEET ADD  Y-S1-ZI  E  ME  HEET ADD  Y-S1-Z  E  ME  HEET ADD	RESS P RESS IP RESS P			Change Change Change Change	Addition Addition Addition Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	SIGNATURE  12.  TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	OFFICERS AN PD STARK, LILLIAN M 6305 EUREKA SPGS RD TAMPA FL VD STARK, ARNOLD L, PH.D 6305 EUREKA SPGS RD	DELETE  DELETE  DELETE  DELETE	13. 1.1 IIIL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAM 3.3 STR 4.1 CIT 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.1 T	Agont si  E  ME  HEET ADD  Y-S1-Zi  E  ME  HEET ADD  Y-S1-Z  E  HEET ADD	RESS P RESS IP RESS P			Change Change Change Change	Addition Addition Addition Addition
STREET ADDRESS   3.3 STREET ADDRESS   3.4 CITY-ST-ZIP	SIGNATURE  12. TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME	OFFICERS AN PD STARK, LILLIAN M 6305 EUREKA SPGS RD TAMPA FL VD STARK, ARNOLD L, PH.D 6305 EUREKA SPGS RD	DELETE  DELETE  DELETE  DELETE	13. 1.1 IIIL 1.2 NAM 1.3 STR 1.4 CIT 2.1 TITL 2.2 NAM 2.3 STR 2.4 CIT 3.1 TITL 4.2 NAM 3.3 STR 3.4 CIT 4.1 TITL 4.2 NAM 4.3 STR 4.4 CIT 5.1 TITL 5.2 NAM 5.3 STR 5.4 CIT 6.1 TITL 6.2 NAM	Agont si  E  ME  HEET ADD  Y-S1-Zi  E  ME  HEET ADD  Y-S1-Z  E  AE  HEET ADD	RESS P RESS IP RESS P RESS P			Change Change Change Change	Addition Addition Addition Addition

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14. 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 supplimental 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.

Arnold L. Stack Ph. D. 4/15/98 (813) 654-4/98

SIGNATURE: