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May 02 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # 505562 (9)

1. Corporation Name
ACADEMY HOUSING, INC.

Principal Place of Business
233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-1768
US

Mailing Address
233 ACADEMY DRIVE
P.O. BOX 421768
KISSIMMEE FL 34742-1768
US

3. Date Incorporated or Qualified 06/21/1976	3a. Date of Last Report 05/01/1996
4. FEI Number 59-1674926	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. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc:	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PEOPLES, DAVID L 233 ACADEMY DRIVE KISSIMMEE, FLORIDA 34744-5869		81 Name	
		82 Street Address (P.O. Box Number is Not Acceptable)	
		83	
		84 City	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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEOPLES, PAUL T	12 NAME	
STREET ADDRESS	233 ACADEMY DRIVE	13 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE, FL 00000	14 CITY - ST - ZIP	
TITLE	PSD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEOPLES, DAVID L	22 NAME	
STREET ADDRESS	233 ACADEMY DRIVE	23 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE, FLORIDA 00000	24 CITY - ST - ZIP	
TITLE	VPST	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEOPLES, D. KEITH	32 NAME	PEOPLES, D. KEITH
STREET ADDRESS	233 ACADEMY DRIVE	33 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	34 CITY - ST - ZIP	
TITLE	AS	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PEOPLES, ANNE W.	42 NAME	
STREET ADDRESS	233 ACADEMY DRIVE	43 STREET ADDRESS	
CITY - ST - ZIP	KISSIMMEE FL	44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY - ST - ZIP		64 CITY - ST - ZIP	

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: _____ DATE: 4/14/97 (407) 847-4444

CR2E034 (9/96)